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IN THIS ISSUE

8 *Medical graduating classes smaller again this year*
Pennsylvania schools surveyed

18 *Bridges to span medicine's choices*
profile of PMS resident trustee Carl A. Sirio, MD

28 *Nobel Conference: a report*
autonomy in American medical ethics

34 *Free and discounted care by physicians*
PMS indigent care survey

◀ *Celebrate freedom!*

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Dr. Stephen Dunn on the difference between the old St. Christopher's Hospital for Children and the new St. Christopher's Hospital for Children.

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TABLE OF CONTENTS

NEWSFRONTS

4 Medigram—*late news at press time*

8 Number of new physicians continues to shrink—*medical schools report statistics*

9 HCFA adopts new PRO definitions—*"mismanagement" replaced by new term*

9 New pediatric AIDS clinic for families—*Philadelphia area will benefit*

10 Penn publishes medical school history—*distinguished careers highlighted*

12 Penn professorship honors Dr. Erdman—*contributions memorialized*

14 Group practice annual meeting in Florida—*convenes September 4–7*

PRESIDENT'S PAGE

6 Bad guys: not so bad—J. Joseph Danyo—*becoming heroes in health cost fray*

EDITORIAL

16 From inkblots to art therapy—Fred B. Rogers—*history of art therapy*

PMS PROFILE

18 Building bridges to span medicine's choices—Elaine S. Herrmann—*profile of Carl A. Sirio, PMS trustee*

SPECIAL FEATURE

24 County society tries: reach out and touch someone—Mark W. Shulkin—*phonathon brings out physicians' styles*

32 State system of discipline for lawyers and judges—Kym Liebler—*report from Pennsylvania Bar Association*

36 Tips for surviving peer review—Rocco DeMasi—*steps to keep handy*

38 Physician pioneer honored in Clearfield County—Elaine S. Herrmann—*colorful historical figure remembered*

IN MY OPINION

28 Nobel Conference: a report—Robert F. Drane—*autonomy in American medical ethics*

FINANCIAL MANAGEMENT

31 After estate planning—William T. Tsiouris, Esq.—*important steps when wil is completed*

CAPITOL COMMENTARY

34 Free and discounted care by physicians—PMS Indigent Care Survey—*significant data collected*

CORRESPONDENCE

40 Obituaries remind how fleeting is time—Donald E. Harrup—*remembering an old friend*

40 Society president writes on Medicare—J. Joseph Danyo—*response to Senator Heinz*

41 Physician payment under Medicare—George Ross Fisher—*broader aspects of cost reduction*

AIDSPEAK TO AIDSENSE

44 The natural course of HIV infections—George J. Pazin—*disease progression analyzed*

DEPARTMENTS

20 New members
22 Physicians in the news
38 Obituaries
48 Classified advertising
52 Advertisers' index

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References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
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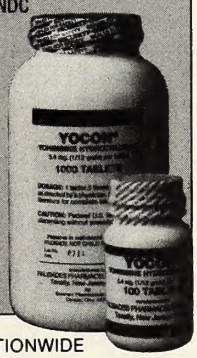

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SENATE PASSES BILL ON MEDICARE FEES

The Health Care Practitioners' Fee Control Act, formerly called the "Medicare Overcharge Measure," is expected to be signed by the governor. The measure, which would prohibit physicians from balance billing of Medicare patients in Pennsylvania, passed on June 26 by a 44-6 vote in the Senate. The House, which passed the measure a year ago, concurred in Senate amendments by a 165-32 vote on June 30. Through the Society's lobbying efforts, a vital amendment which prohibits using violations of the act to impose penalties against physicians' licenses was retained.

SOCIETY SUPPORTS CHANGES IN MEDICAL LICENSE FEES

The PMS Board acted June 5 to support the State Board of Medicine's proposed fee increases for biennial registrations and some medical licenses. The State Board seeks to raise the initial application fees for graduate and unrestricted licenses to $80 for foreign medical school graduates, and to raise the biennial registration for unrestricted licenses to $80 for all physicians, both domestic and foreign graduates.

SUPPORT GROWS FOR LIVING WILL LAW

The U.S. Supreme Court's recent ruling in the Nancy Cruzan case, that state governments can prevent physicians and family members from removing patients' life-support equipment, highlights the importance of living wills. Long a strong supporter of the living will concept, the Society's board has called for declaration by Governor Casey of a "living will day," and has encouraged county societies to promote the living will concept in Pennsylvania. Pennsylvania is one of only nine states that have no right-to-die legislation, either curbing or forbidding the withdrawal of life-support equipment.

AUGUST DATE ANNOUNCED FOR COMMUNICATIONS PLAN

The Society's Long-Range Strategy and Communications Committee will complete its action plan for projects and staffing to strengthen Society communications by August 14. The plan will consider the results of focus groups held in 1989-90, the 1988 Forbes Communications Audit, and the 1989 membership survey. The plan will address member communications, publications, news media relations, and public relations.

JUDICIAL DISCIPLINE SYSTEM MAY CHANGE

Nearing passage as the legislature moved toward the summer recess is a measure to change Pennsylvania's judicial discipline system. Three pending bills, S.B. 1, S.B. 595, and H.B. 539, are similar. They would: separate the investigative function of the disciplinary system from the adjudicatory; provide for both legal professionals and lay persons to serve on the investigative and adjudicatory bodies; provide respondent judges full discovery and a fair opportunity to prepare for adjudicatory hearings before a court of record, whose proceedings would be public; and require the adjudicatory court to prove any charges by clear and convincing evidence, versus the current method requiring proof beyond reasonable doubt. See the related article on page 32.

AMA BOARD NAMES DR. TODD EXECUTIVE VICE PRESIDENT

The AMA's Board of Trustees has selected James S. Todd, MD, as executive vice president designate, pending agreement of final terms. Dr. Todd has been the AMA's acting executive vice president since February 9, 1990, when he replaced the retiring James H. Sammons, MD. He left his general surgery practice in Ridgewood, NJ, in 1985 to serve as senior deputy executive vice president of the AMA. He was an AMA trustee from 1980 to 1984.

BLUE SHIELD'S OASIS SYSTEM IS TOLL-FREE

Pennsylvania Blue Shield has announced that toll-free phone service is now available for the Office Assistance Information System (OASIS), a computerized voice response system that provides information about patients covered under medical-surgical, dental and vision programs. Touch-tone telephones can access enrollment, benefits, and service restrictions. Participating providers can also access status of claim information. The toll-free OASIS number is: 1-800-4-OASIS-4 (or 1-800-462-7474).

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BAD GUYS: NOT SO BAD

J. Joseph Danyo, MD

Increasingly frustrated doctors raise an oft-repeated question: "When did we become the bad guys?" A corollary is, "*Why* are we the bad guys?"

The questions go to the heart of the health care delivery system. Numerous articles have dwelled on costs, value, quality, over-utilization, and "solutions." The debate on healthcare costs and access goes back 100 years in this country.

In vogue now is the notion that 12 percent of the gross national product is the magic threshold for health expenditures, beyond which bad things will happen to the economy. Further, doctors are held responsible for all the costs.

Today the administrative costs of health care consume 5.5 percent of the GNP—close to 50 percent of total healthcare costs. The paper game is the most rapidly growing sector of health costs.

The perception is everywhere that doctors no longer occupy as high a rung on the ladder of society. That is, physicians think that society feels that way: Doctors are the captain of the health ship; ergo, they have ultimate responsibility.

We should acknowledge that perception as valid and use the notion as a plus. Right now our greatest strength lies in weakness. Society wants *us* to do something about costs; not all the other contributors—us!

Our problem has been that we physicians have not recognized our own power to affect the debate and the rules. We need to shake the collective mentality that we are powerless, hapless, and defeatist. Eastern European-style revolution needs to touch us. To reverse the momentum toward subjugation and deprofessionalization, a big job needs to be done. It goes like this:

The American Medical Association, our partner, must deliver a stronger message to the public and to doctors on what it will *not* accept.

Next, PMS must continue to man the fronts in the manner that has developed of late. Our stance on the Pennsylvania Health Care Cost Containment Council; taking public our legal challenge to the governor's auto insurance bill; our positions on residency training funding, generic drugs, and AIDS—all are strong and have gained medicine new respect from the public. This is just the beginning.

The PMS position on the cost containment council deserves particular comment. Here we threw down the gauntlet to business and government by stating in no uncertain terms that the Council's profligate behavior actually thwarts cost containment. We cannot sit by while the Council squanders tens of millions of dollars pursuing illusory figures and expects doctors to swallow that and persist in efforts to contain costs.

Thirdly, the medical schools must come out of their slumber and be seen. Forget the town and gown stuff; we call on the academicians to get their hands calloused in the fray. They have much to contribute. There is support at the top; now the faculties must follow.

County societies must gear up two notches. How? Identify social/health issues and form coalitions. Be a force in local elections, especially those involving the legislature, and formalize an ongoing program to educate business and carriers about the health care system. We cannot forego communicating our side.

Finally, members at large must address the daily hassles by pressing all insurance carriers and patients about their contributions to the system. Grade them on performance and compliance. Be assertive in this regard. Each time you are called upon to do more for less, think of the administrative costs of health care and their contribution to the total picture.

Remember, we are perceived as controlling and directing costs. Now it is time to tell them why.

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NUMBER OF NEW PHYSICIANS CONTINUES TO SHRINK

Continuing the nationwide trend, fewer new medical degrees were awarded in the Commonwealth this year than last. A total of 1,182 medical degrees from the state's seven medical schools and one osteopathic medical school were conferred, 27 less than last year. In 1989, 45 fewer new doctors were graduated than in 1988.

The percentage of women medical school graduates (34 percent of the total class) in the state remained steady this year, at 423, even though the total number of graduates declined.

Hahnemann University
Anthony S. Fauci, MD, director of the National Institute of Allergy and Infectious Diseases, delivered the commencement address to 149 medical school graduates from Hahnemann University School of Medicine in ceremonies June 1 at the Academy of Music. There were 50 women in the school's 143rd graduating class.

Dr. Fauci became director of NIAID in 1984, and also serves as associate director of NIH for research on the acquired immunodeficiency syndrome (AIDS) and as director, NIH, Office of AIDS Research. Most recently, Dr. Fauci demonstrated the precise nature of the immune defect in AIDS.

Among other awards, citations of emeriti were given to Joseph Gambescia, MD, professor of medicine, and George Teplick, MD, professor of diagnostic radiology.

Hershey Medical Center
Founder's Hall on the campus of the Milton Hershey School was the site of May graduation ceremonies for the PennState University College of Medicine. Samuel Shem, MD, PhD, author, playwright, and instructor in psychiatry at Harvard Medical School, delivered the commencement address.

Among 79 graduates at the school, 23 were women and 56 men.

Jefferson Medical College
Graduates of Jefferson Medical College of Thomas Jefferson University heard U.S. Secretary of Health and Human Services Louis W. Sullivan, MD, issue a challenge to be "renaissance health care professionals for the 21st century" in his June 8 commencement address. Dr. Sullivan was presented an honorary degree of doctor of humane letters from Jefferson.

University President Lewis W. Bluemle conferred doctor of medicine degrees on 201 Jefferson graduates; 73 women and 128 men. Bruce E. Jarrell, MD, professor of surgery and director of Jefferson's division of transplantation surgery, was the grand marshal for the Jefferson Medical College/College of Graduate Studies commencement.

In his address, Dr. Sullivan emphasized the need for physicians to develop a broader range of skills and talents to accommodate the expanding demands of American health care. He called for an increased awareness of the discrepancy between the issues of run-away health costs and major access to care in the U.S.

Medical College of Pennsylvania
A total of 111 students—64 women and 47 men—were awarded medical degrees by the Medical College of Pennsylvania on May 19 at the Academy of Music. Five members of the MCP class of 1990 were awarded combined undergraduate/MD degrees through a joint six-year program with Lehigh University while two AB/MD degrees were awarded through a pro-

gram with Bryn Mawr College.

Samuel Shem, MD, PhD, practicing psychiatrist and instructor in psychiatry at Harvard Medical School, delivered the commencement address on "How to Stay Human in Medicine."

MCP conferred honorary degrees on Lewis Bluemle Jr., MD, retiring president of Thomas Jefferson University; Nancy Gary, MD, dean of Albany Medical College in New York; Peter Likins, PhD, president of Lehigh University, and Peter Nero, music director and conductor of the Philly Pops Orchestra.

Special citations were presented to seven female physicians, graduates of the 18-member MCP class of 1940, returning for their 50th reunion. D. Walter Cohen, DDS, president of MCP, presided at commencement.

Philadelphia College of Osteopathic Medicine

Philadelphia College of Osteopathic Medicine (PCOM) graduated 198 osteopathic physicians, including 138 men and 60 women, on June 3 at the Academy of Music. Leonard H. Finkelstein, DO, MSc, FACOS, president and chairman of the board of trustees, conferred the degrees.

During the ceremony, Galen S. Young Sr., DO, FAAO, FACOS, was installed as chancellor of the college, the second person ever to hold that position. An emeritus member of PCOM's Board of Trustees, Dr. Young also served as professor and chairman of the Department of Surgery. He is a member of PCOM's class of 1935.

Temple University

On May 24, Temple University School of Medicine conferred medical degrees on 172 students at the Academy of Music. There were 112 men and 60 women graduates. William E. Barry, MD, associate dean for curriculum, was the commencement speaker.

University of Pennsylvania

The University of Pennsylvania School of Medicine graduated 150 students on May 14. The 59 women and 91 men received their degrees at Irvine Auditorium on the Penn Campus. Commencement speaker was Diane K. Jorkasky, MD, clinical associate professor of medicine at the school.

University of Pittsburgh

Carnegie Music Hall, Pittsburgh, was the site of the University of Pittsburgh's May 21 graduation ceremony for the School of Medicine. Of the 122 persons receiving medical degrees, 83 are men. Kenneth Schuit, MD, PhD, associate professor of pediatrics, was the commencement speaker.

HCFA ADOPTS NEW PRO DEFINITIONS

As a result of concerns expressed by numerous sources including Peer Review Organizations (PROs), hospitals, individual physicians, and medical organizations, a change was made by the Health Care Financing Administration (HCFA) in its definition of the quality severity levels used by PROs. Previously, the definitions of each of the three quality severity levels contained the term "medical mismanagement." That term has now been replaced by "confirmed quality problem."

This revision, said Donald E. Harrop, MD, president of the Keystone Peer Review Organization, will now be reflected in all KePRO final quality letters. Therefore, all such letters will contain one of the following definitions:

- Confirmed quality problem with significant adverse effects on the patient (Level III).
- Confirmed quality problem with the potential for significant adverse effects on the patient (Level II).
- Confirmed quality problem without the potential for significant adverse effects on the patient (Level I).

AMA President Alan R. Nelson, MD, presented Pennsylvania's Membership Award to Gordon K. McLeod, MD, during the AMA's National Leadership Conference. The AMA gives the award annually to state societies which exceed previous year membership totals. The State Society has received the award each of the past 11 years, since the award's inception.

NEW PEDIATRIC AIDS CLINICS FOR FAMILIES

A new Pediatric AIDS Comprehensive Program, funded through a private-public partnership, will address the needs of children and families with AIDS in the Philadelphia area.

Rorer Group Inc., a Fort Washington-based pharmaceutical company, is donating $1 million over five years to underwrite the health care services component of the program. Two family AIDS clinics will be developed, located at St. Christopher's Hospital for Children and Children's Hospital of Philadelphia.

The program, geared to help families with both symptomatic and asymptomatic HIV-infected members, includes family centered health care, case management and centralized services. Family AIDS clinics will provide a family-centered approach to the treatment of HIV-infected children and families throughout the Delaware Valley and southern New Jersey. The clinics are designed to keep families intact and assist them in coping with the devastating effects of the disease. Services will include medical care, transportation, case management, lay

home visitors, emergency aid, foster care, counseling, community education and prevention efforts.

In addition to Rorer, Pew Charitable Trusts, the Commonwealth, and other city and state health care and social service organizations will help fund and develop the program. The Pew Charitable Trusts, a national philanthropy based in Philadelphia, is providing a two-year grant of $800,000 for program support, and is considering a $1.6 million, four-year commitment. The state is providing $250,000 for program case management, and the federal Department of Health and Human Services has been asked to provide $712,000 of first-year funding.

Approximately 40 children in the Delaware Valley have died of HIV infection since the onset of the pediatric AIDS epidemic, estimated to have started in 1983. The number of HIV-infected children under care at the city's two children's hospitals has doubled from a year ago with more than 170 HIV-affected children currently under care. National estimates indicate there are five to 10 HIV-infected children for every reported case of pediatric AIDS. It is expected that approximately 430 families affected by AIDS will be enrolled in the program through 1993, representing nearly 2,000 individual family members.

The program will be administered initially by the Family Planning Council of Southeastern Pennsylvania, guided by a community advisory board representing many of the participating organizations and funding parties. Each clinic will provide a full complement of staff, including a physician, an ob/gyn, a social worker, a nurse, and a community volunteer to care for the children while the parents are receiving care. Several city district health centers will also expand existing health services to include prenatal testing and counseling. A special emergency fund will provide essential goods and services such as diapers, in-home medical equipment, clothing, and utility payments, needed to keep families functioning and together.

AMA ADDRESS, PHONES CHANGE AUGUST 27

The staff of the American Medical Association will begin moving on August 16 into leased space in a new headquarters building in Chicago. When the move is complete on August 27, the AMA's mailing address changes to 515 North State Street, Chicago 60610. The general office phone number becomes (312) 464-5000.

In 1985-86, the AMA undertook an extensive study to help the association decide what to do about its aging headquarters building, which was becoming increasingly more expensive to operate and maintain. The original building dates back to 1902, and there were several additions over the years.

The decision to become the prime tenant in a developer's larger office building was found to be the fiscally sound solution.

PENN PUBLISHES MEDICAL SCHOOL HISTORY

Innovation and Tradition at the University of Pennsylvania: An Anecdotal Journey has been published in conjunction with the 225th anniversary of the University of Pennsylvania School of Medicine. The book traces the school's growth from a couple of courses at the College of Philadelphia to its present day importance in American medical education.

Author David Y. Cooper II, MD, professor of surgical research, has pursued his interest in the school's history since his student days there. Co-author Marshall A. Ledger, PhD, editor of *Penn Magazine,* helped coordinate the reams of historical anecdotes and data garnered by Cooper.

The book centers on the faculty members and physicians who made indelible contributions not only to the school but also to biomedical science. Highlights include the remarkable contributions to medicine made by such school faculty as Benjamin Rush, Caspar Wistar, Joseph Leidy, Simon Flexner, Isador Ravdin, and Britton Chance. The book was published by Univerisity of Pennsylvania Press, May 1990.

Publication of another book, a pictorial history of medicine in Philadelphia, is also planned in conjunction with the medical school's anniversary this year.

DR. LUDWIG TO HEAD PSYCHIATRIC SOCIETY

Karl D. Ludwig, MD, Pittsburgh, was inducted as president of the Psychiatric Physicians of Pennsylvania and Pennsylvania Psychiatric Society. He has been director since 1981 of inpatient and emergency psychiatry at Sewickley Valley Hospital.

Dr. Ludwig will preside over the activities of the 2,000-member association, which has a record of active participation in medical, education, and governmental affairs relating to the treatment of the mentally ill.

Dr. Ludwig previously was superintendent of Dixmont State Hospital in Sewickley. Before returning to the Pittsburgh area, where he received his medical degree in 1960, he practiced psychiatry in the Philadelphia area. His positions there included senior staff psychiatrist, research psychiatrist, and director, Alcoholism Program, at Friends Hospital; consultant to the U.S. Veterans Administration Hospital, Coatesville; and chief of outpatient services, clinical director, and director of psychiatric consultation at Northeast Community Center for Mental Health/ Mental Retardation.

GERIATRIC MANUAL PUBLISHED BY MERCK

The Merck Manual of Geriatrics, a medical handbook covering virtually all aspects of disease and the clinical and social management of elderly patients, is now available from Merck & Co., Inc. Merck also publishes the widely-known medical text, *Merck Manual.*

According to co-editors William B. Abrams, MD and Robert Berkow, MD, both of Philadelphia, a primary objective of *The Merck Manual of Geriatrics* is to help elevate the quality of geriatric care. Dr. Abrams is executive director of scientific development at Merck Sharp & Dohme Research Laboratories, a division of Merck & Co., Inc. Dr. Berkow is senior director of medical

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literature and editor-in-chief of *The Merck Manual* at the same firm.

The geriatric manual stresses that diagnosing disease and providing quality medical care to the older patient requires a substantially different approach to case management. The 1,267-page book provides a comprehensive, indexed, compact physicians' resource.

The Merck Manual of Geriatrics is published on a nonprofit basis as a service to the medical community by Merck & Co., Inc. The price is $20 per copy.

PENN PROFESSORSHIP TO HONOR DR. ERDMAN

The University of Pennsylvania School of Medicine has established an endowed professorship in memory of William J. Erdman, II, MD, its late chairman of physical medicine and rehabilitation. Dr. Erdman retired in 1987 and died September 27, 1989.

Dr. Erdman was a graduate of the University of Pennsylvania School of Medicine and served his residency at the Hospital of the University of Pennsylvania in the Department of Physical Medicine and Rehabilitation under the chairmanship of George Morris Piersol, MD, a pioneer in the field. At age 32, Dr. Erdman succeeded Dr. Piersol as professor and chairman of the department, a position he held for 34 years. He also served as assistant dean of the medical school from 1960 to 1978.

Dr. Erdman served for many years in the American Medical Association's House of Delegates as the delegate from the American Academy of Physical Medicine and Rehabilitation. The academy honored him in 1982 with its Distinguished Clinician Award.

Contributions may be made to the Erdman Fund, established with contributions from Dr. Erdman's patients and former residents. Contact Anita Henderson, Medical Center Development, 209 Blockley Hall, University of Pennsylvania Medical Center, 3400 Spruce Street, Philadelphia, Pa., 19104-6205.

NIH WARNS AGAINST EXPOSURE TO SUN

With the sunlit days of summer approaching, the National Institutes of Health (NIH) recommends Americans be cautious in their exposure to natural and artifical ultraviolet radiation (UVR). According to a NIH consensus statement, "Any sunburn or suntan is visible evidence of injury to the skin. The long-term consequences of UVR exposure include development of skin cancers and premature aging of the skin."

The NIG notes that the average American's exposure to UVR has increased considerably due to changing lifestyles: more outdoor recreational activities, more emphasis on tanning, scantier clothing, and a population shift to the sun belt. It targets tanning parlors as especially dangerous to the women, adolescents and young adults who most commonly frequent them. The NIH calls for public education about the hazards of tanning parlors and for better regulation of these facilities.

Because one-half of a person's lifetime exposure to UVR occurs by age 18, the NIH recommends exposure be minimized by modifying schedules for outdoor activities at schools, camps, day care centers, and beaches. "If exposure during peak times, between 10:00 a.m. and 3:00 p.m., could be minimized, significant reduction in the number of nonmelanoma skin cancers would certainly occur."

The report was prepared by members of the National Institute of Arthritis and Musculoskeletal and Skin Diseases, and the Office of Medical Applications of Research of NIH. Free copies may be obtained from William H. Hall, Director of Communications, Office of Medical Applications Research, NIH, Building 1, Room 259, Bethesda, MD, 20892.

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Write Physicians' Health Programs, The Educational and Scientific Trust of the Pennsylvania Medical Society, 777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105-8820.

MCP STUDIES JOB-RELATED ILLNESS WITHIN STATE

To help combat what the American Public Health Association says is an "epidemic" of occupational disease and injury in the U.S., the Medical College of Pennsylvania (MCP) is evaluating the extent of the problem in Pennsylvania.

The study is funded by a four-month service contract awarded to MCP by the state Department of Health. MCP, an affiliate of Allegheny Health Services, Pittsburgh, will be the leading contractor of a consortium whose goal is to recommend ways to improve the recognition, prevention and treatment of occupationally related illness and injury in the state.

Eddy A. Bresnitz, MD, MS, acting chairman of the Department of Community and Preventive Medicine and director of the Division of Occupational and Environmental Health at MCP, is

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the study's project manager. Other principal investigators of the consortium arrangement include Michael Hodgson, MD, director of the University of Pittsburgh's occupational and environmental medicine program; Howard Frumkin, MD, assistant professor of medicine, University of Pennsylvania; Carolyn Needleman, PhD, director of Bryn Mawr College's occupational health program; David Neumark, PhD, assistant professor of economics, University of Pennsylvania; and Harriet Rubenstein, JD, assistant director of MCP's division of occupational and environmental health.

According to Dr. Bresnitz, "Pennsylvania carries a large and costly part of the nation's public health burden from occupational hazards.".

Group Practice Annual Meeting in Florida

The American Group Practice Association will hold its 41st annual conference in Orlando, Florida, September 4–7, 1990. The theme of the conference is "In search of quality," with course topics that address defining, delivering, and measuring quality. Also within that topic will be discussions of national health insurance models and new state initiatives.

Among the speakers at the conference are Kermit B. Knudsen, MD, AGPA president from Temple, Texas; William S. Kissick, MD, PhD, professor of health care systems, the Wharton School, University of Pennsylvania; Leland R. Kaiser, PhD, president, Kaiser & Associates, Brighton, Colorado; and Donald W. Fisher, PhD, CAE, executive vice president and chief executive officer of AGPA.

Meetings of the Family Practice Council and Occupational Medicine Section will be held on Wednesday, September 5 of the conference, along with workshops by clinic size.

Concurrent forums will be held covering governance issues, ethical issues review, computer information systems, the role and responsibilities of the medical professional with blood borne diseases, the National Practitioner Data Bank, physician payment reform, evaluating and managing the quality of inpatient medical care, measuring quality and outcomes in the group practice outpatient setting, and practice guidelines.

An aerial view of the newly acquired facility of the Medical College of Pennsylvania. On a nearby 15-acre site, it will house research and edcuation activities.

Medical College of PA Expands Philly Campus

The Medical College of Pennsylvania (MCP) has announced the acquisition of a 15-acre property at 2900 Queen Lane, Philadelphia. Currently, MCP has two campuses—one at 3300 Henry Avenue in the East Falls section of Philadelphia and the Allegheny Campus located at Allegheny General Hospital in Pittsburgh. The additional campus is designated for research and educational programs.

According to MCP President D. Walter Cohen, DDS, "The opportunity to purchase the Queen Lane property will enable us to realize our long-range plans from a different perspective and provide us with the opportunity to add new facilities for student and faculty amenities."

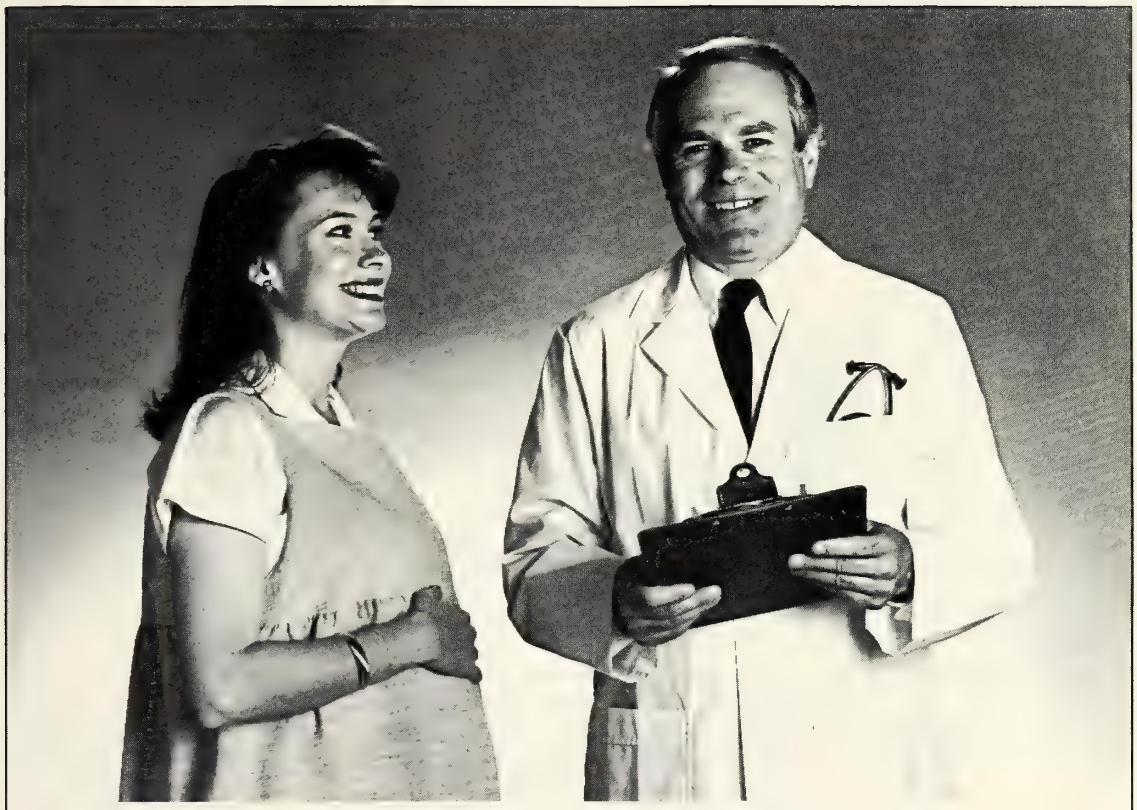
The Queen Lane property was formerly headquarters of the Lutheran Church of America. The property's existing facility also will provide 180,000 square feet of additional office space for the institution's programs and services. The Henry Avenue Campus will be designated principally for clinical care. MCP plans to renovate the radiology area as well as a space for comprehensive outpatient services.

The move into Queen Lane Campus, which has 317 parking spaces and is within walking distance of the Henry Avenue Campus, is expected to begin by early summer.

Pathologist's Book Integrates Advances

In his new book, *Current Surgical Pathology,* Michael J. Warhol, MD, attempts to integrate the information produced by the recent technological explosion in the field of pathology. Dr. Warhol is chairman of pathology at Pennsylvania Hospital, and also serves as clinical professor of pathology and laboratory medicine at the University of Pennsylvania School of Medicine.

The book, written for practicing pathologists and physicians-in-training, serves as an introduction and guide to using new technology in diagnostic surgical pathology. It covers such technologies as DNA analysis, electron microscopy and immunocytochemistry.



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FROM INKBLOTS TO ART THERAPY

Fred B. Rogers, MD

From inkblots to art therapy: What an interesting meander for eye, hand, and brain! Hermann Rorschach, Swiss deviser of the inkblot personality assessment test bearing his name, was a pupil of psychiatrist Carl G. Jung while in medical school at Zurich.[1] Concerning such projective techniques Dr. Jung later wrote as follows:

> All attempts at characterology have started from the outside world; astrology, in ancient times, turned even to stellar space in order to determine those lines of fate whose beginnings are contained in man himself. To the same class of interpretations from outward signs belong palmistry, Gall's phrenology, Lavater's study of physiognomy, and more recently, graphology, Kretschmer's physiological study of types and Rorschach's klexographic method. . . . Merely to establish the fact that certain people have this or that appearance is of no significance if it does not allow us to infer a psychic correlative. . . . The body means as little to us without the psyche as the latter without the body.[2]

Dr. Rorschach was associate director of the mental hospital in Herisau, Switzerland, when he died on April 2, 1922, at the age of 37, nine months after the publication of his *Psychodiagnostik*, which contained 10 plates showing symmetrical blots (German *klex* = blot) of ink—five achromatic and five chromatic—for use in psychological testing. Rorschach also had instituted a vigorous arts therapy program at the hospital where he worked. In 1932, Hans Binder introduced the concept of *chiaroscuro* in the testing technique and thoroughly analyzed the psychological substrata of the experiment.[3] In recent years, psychologist Zygmunt A. Piotrowski (1904–1985), of Hahnemann University, extended and improved the use of Rorschach and related tests, as explained in his book *Perceptanalysis* (1957).[4] These projection procedures are designed to reveal basic mental conflicts and personality trends. Responses to a series of techniques, when properly interpreted, can lead to revealing information concerning personality makeup. I am indebted to Dr. Bradley B. Ridge, a psychologist now practicing in San Francisco, for administrating and interpreting a personal Rorschach test. The interpretive skill required is truly artistic. This experience led me to appreciate the importance of Dr. Piotrowski's teaching at Hahnemann University, where the first master of arts degree program in art therapy in the U.S. originated.[5]

Almost from the moment children are able to draw shapes in outline form they begin to combine these forms into designs. In the beginning the designs are simple. The favorite subject of people is people. And so it is with children and their art. As soon as they are able, at about age four, children begin to draw the human figure. The practice of art therapy in Europe and America uses this skill to help reveal and rehabilitate perturbed persons of all ages. Its role in the treatment of hospitalized patients is more than recreational. Art therapy has been increasingly accepted within the field of psychotherapy as effective, even if supplementary, in the restoring of emotional composure. It helps patients, especially those who have difficulty communicating their feelings, gain insights through the use of self expression.[6] In the words of poet William Blake, "Art is the Tree of Life."

Art therapy in the United States dates back to the pioneering work of Margaret Naumburg at the progressive Walden School (1914) in New York City. Having been psychoanalyzed by Dr. Beatrice M. Hinkle, the earliest translator of Jung's writings into English, Naumburg brought a psychoanalytic viewpoint to creativity in art. She later was active in the Washington (D.C.) School of Psychiatry and was instrumental in the formation of the *American Journal of Art Therapy* (1962). The human potential movement in psychology combined with a holistic health concept coincided with the organization of the American Art Therapy Associa

Dr. Rogers is professor of family practice and community health at Temple University School of Medicine, Philadelphia.

ion in 1970. Salient books published luring the following year included Edith Kramer's *Art as Therapy with Children* nd Robert S. McCully's *Rorschach Theory and Symbolism*. Dr. Muriel M. Garliner, psychiatrist and philanthropist, vrote a cogent introduction to the ormer, and Dr. Zygmunt Piotrowski, a ucid foreword to the latter.

The following decade brought numerous publications in the field of art therapy. For example, Harriet Wadeson's *Art Psychotherapy* (1980) provided a balanced perspective on the discipline. In it he wrote: "I see psychotherapy as primarily an educational process to help people with problems in living rather han as a treatment for a disease."[7] This approach was echoed in other writings, ncluding Judith A. Rubin's book *Approaches to Art Therapy* (1987). Helen 3. Landgarten's volume *Family Art Therapy* (1987) helped widen the base of he profession.[8]

In Europe, Antonia Wolff, a Swiss colleague of C. G. Jung, and Dr. H. Godwin Baynes, an English co-worker, used art nodalities in psychotherapy early in this century. Their protégée, Irene Champernowne, extended the use of art therapy at Withymead, a sanatorium located near Exeter in Devon, England. Her pupil, psychiatrist Anthony Stevens, wrote a charming account of this healing community (1986).[9] Two years earlier, Tessa Dalley's *Art as Therapy* had been published in London; in 1987, she edited another significant book, *Images of Art Therapy*. Among other writings on the subject, in Florence, Italy, Dr. Roberto Assagioli's treatise, *Psychosynthesis*, saw mankind tending naturally toward harmony within itself and the world. His opinion on art as therapy:

> In works of art there is much more than mere aesthetic value; they constitute living forces, almost living entities, embodying a power which has suggestive and creative effects. . . . The influence of color as a therapeutic agent is becoming increasingly recognized. . . . The individual constitution and temperament of the patient is also an important factor. . . . This is a consideration which therapists should keep in mind—not to become too much interested and side-tracked by the technique, by theoretical interest, by the ideal of perfection, but to remain close to the immediate practical and humanitarian purpose of the therapy, to make the patient whole.[10]

Art therapy, useful as an adjunct to the promotion and restoration of health, has earned a definite place in the modern medical arena.

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BUILDING BRIDGES TO SPAN MEDICINE'S CHOICES

Elaine S. Herrmann

For Carl A. Sirio, MD, resident physician representative to the PMS Board of Trustees, leadership in organized medicine is an integral part of his career plan. "I enjoy involvement in organized medicine for two reasons: first, my major professional goal is to participate in the interface between medicine and the rest of society. Second, I want to maintain academic ties while practicing good, old-fashioned internal medicine."

He has been active in PMS and AMA since he began his internship at Hershey Medical Center of PennState University in 1984. He has been a delegate to the AMA Resident Physician Section (RPS) since 1984, and served as an AMA resident physician section representative on the National Board of Medical Examiners in 1986. At the state level, he has served on the Governing Council of the State Society RPS and as a delegate to the PMS House of Delegates since 1984. He also served on the PMS Commission on Manpower for four years. While at Hershey, he was a representative to the Strategic Planning Retreat at Milton S. Hershey Medical Center, and media participant and TV spokesman for the State Society's AIDS Awareness Program.

Dr. Sirio, internist, forsees increasing polarization in the medical community. To achieve his clinical and career goals, he has focused his training on honing skills that will enable him to bridge the widening fissures he detects—between hospital staff physicians and private practice physicians; between physician groups and solo practitioners; between generalists and specialists; between cure-at-any-cost procedures and a balance of morality and medicine; and between the academic community and the clinical one. Skill in the political, social, and economic spheres of medicine will help him grasp and predict developments, and participate in shaping them.

After attending Columbia University for his undergraduate degree, he received his medical degree in 1984 from the University of Medicine and Dentistry of New Jersey of Rutgers University. Following his residency at Hershey, he spent one year earning a master's degree in public health administration from Columbia University.

Presently completing a fellowship in critical care medicine at The National Institutes of Health in Washington, DC, Dr. Sirio says his interest in the fellowship came from two different perspectives: clinical and career. "There's a high likelihood that American medicine will develop a European flavor to it, in that there will be a more clearly defined set of hospital physicians and a more clearly defined set of outpatient physicians. As a general internist, I'd really like to be able to bridge that gap between primary care and hospital based internal medicine. I thought critical care was one good way to do that." He says critical care allows him to focus on the whole patient, as opposed to concentrating on one organ system as a specialist. He can also maintain his commitment to internal medicine while practicing hospital-based medicine. He is currently participating in research on outcome and delivery of services in intensive care units with William Knaus, MD, of George Washington University.

"My long view is to try to be a spokesman for the profession," he says. "If I'm going to be a true spokesman for advocating appropriate use of technology, I felt I ought to have the training and expertise." He hopes to be part of the forces creating sound health care policy based on good medical decisions and scientific data, rather than decisions swept along by ill-considered political or economic pressures.

Involvement in AMA and PMS not only offers a source of current political and social information, but also a valuable opportunity to interact with and influence colleagues, he says. "The exposure to the variety of perspectives within medicine—various speciality orienta-

tions, from a hospital radiologist to a rural family practictioner—is a tremendous resource," he says.

Sparking involvement

Dr. Sirio says that the first goal of the Resident Physician Section is to get the word out that the section exists. "We believe very strongly that we have a real contribution to make," he says. An active series of orientation programs around the state, plus a quarterly resident newsletter, help spur membership growth. But, as with other sectors of organized medicine, apathy is the greatest challenge.

"Many residents and fellows don't get as involved as I would like to see them, in large part because there are so many other pressures on their time," he says. "But if you think the issues are important, you have to carve out a little piece of the day to stand up and be counted." He says that it is important for all physicians in training to bring the perspective of youth to organized medicine. Residents and fellows face, or will face, much the same issues as older physicians, but may not be as aware of the complexity behind the issues. "For example, many residents don't have a clear idea of where their salaries and other support monies come from," he says. Nevertheless, what happens to Medicare and Medicaid may have a direct affect on a hospital's ability to support its housestaff.

One direction which Dr. Sirio believes resident physicians, as well as other sectors of organized medicine should take, is to help interest and educate young physicians in primary care. Professional opportunities in this area abound nationwide, but many positions go unfilled. Research is needed into the reasons for this deficit, Dr. Sirio says. Educational debt load and the resulting need for successful practices are often cited as steering young physicians away from primary care and toward specialties. But this may not be as critical as other lifestyle issues influencing young physicians. "Primary care positions are available from mainline Philadelphia to rural coal country in Pennsylvania; residents need to be made more aware of the rewards of primary care," Dr. Sirio says.

The availability of role models for young physicians may also be an important determinant of career choices. Dialogue between the practicing community and the academic community should be a continuing goal of not only the resident section but also of the State Society, he says. Residents' and students' role models are more likely to be subspecialists at teaching institutions rather than physicians delivering quality primary care. "Students and housestaff need a more rounded and balanced experience. Many residents came to medical school with the notion of becoming family or primary care doctors. Somewhere in the transition from college graduate to medical school graduate, that gets lost," Dr. Sirio says.

A sense of despair at seldom being able to control one's daily activities may be the source of a growing trend of young physicians to choose group practice and practice situations with manageable schedules, he says. Young physicians view traditional fee-for-service solo practices as wrought with financial and paperwork burdens. "There aren't a lot of people willing to take on that kind of risk," Dr. Sirio says.

A resident's wish list

He says that at the top of his list of priorities for change is "the need for government and industry to better understand what they are purchasing through the third party payer system; and to understand what effective and quality health care truly means." There are reasonable questions to be asked, he says: Why is it that we spend more per capita and more in percentage of our gross national product on health care, and yet have infant mortality statistics that range near the lowest rather than the best in the industrial world? Why is our life expectancy lower than that of people in Europe or Japan? "I think it may be a matter of refocusing some priorities in health care," he says.

Our system of allocating health care resources will change; We may adopt some features of the Canadian or European systems, but will also maintain distinctly American features, Dr. Sirio believes. "I think our society is too pluralistic; patients will want to maintain some sort of control on their freedom to choose between health care options. We're more likely to have a smorgasbord of choices for patients to choose from."

Personal choices

Within a year, Dr. Sirio will complete his fellowship and reach another major decision point in his career. He says he enjoyed the rural atmosphere at Hershey, and he and his wife Annette place Pennsylvania at the top of their list of practice locations.

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1. Brantly ML, Paul LD, Miller BH, et al: Clinical features and history of the destructive lung disease associated with alpha-1-antitrypsin deficiency of adults with pulmonary symptoms. *Am Rev Respir Dis* 1988;138:327-336.
2. Wewers MD, Casolaro MA, Sellers SE, et al: Replacement therapy for alpha$_1$-antitrypsin deficiency associated with emphysema. *N Engl J Med* 1987;316:1055-1062.

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Stephen D. Silberstein, MD, chief, Department of Neurology, Germantown Hospital and Medical Center, was elected president of the Philadelphia Neurological Society. He had served as vice-president.

John Neely, MD, prediatric oncologist, Penn State's Milton S. Hershey Medical Center, presented cancer drug research findings at the American Society of Clinical Oncology scientific meeting in Washington, DC. Dr. Neely, associate professor of pediatrics, described how cancer becomes resistant to one of the most commonly used drugs in chemotherapy, cyclophosphamide.

David B. Soll, MD, FACS, spoke at the International Congress of Ophthalmology in Singapore. He is chairman of the departments of ophthalmology at Frankford and Rolling Hill Hospitals.

Mary Ann E. Keenan, MD, was appointed chairman of orthopedics at Albert Einstein Medical Center, Philadelphia. Dr. Keenan is trained in the rare specialty of surgically correcting spastic deformities of the arms and legs.

PMS President J. Joseph Danyo, MD, represented physicians on a panel of health care experts examining the health care process from the perspective of the patient. Sponsored by the Lancaster County Business Group, "Money, Miracles, and Mayhem," also included employer, extended health care facility, government, labor, managed health care, medical insurance, policy makers, and primary care facility representatives.

Mariell Jessup, MD, has been named director of the Heart Failure Unit at the Philadelphia Heart Institute, a comprehensive cardiovascular center at Presbyterian Medical Center. Dr. Jessup was director of the Heart Failure and Transplantation Center at Temple University Hospital and associate professor of medicine at Temple University School of Medicine.

William G. Hendren, MD, cardiac surgeon, formerly of the Cleveland Clinic Foundation, joined the cardiovascular division of the Department of Surgery at Presbyterian Medical Center of Philadelphia on July 1. Dr. Hendren also joins the faculty of the Philadelphia Heart Institute.

William N. Kelley, MD, received the American College of Physicians' 1990 John Phillips Memorial Award for distinguished contributions in clinical medicine. Dr. Kelley became executive vice president of the University of Pennsylvania, chief executive officer of Penn's Medical Center, and dean of the School of Medicine in October 1989. Formerly, he was chairman of the Department of Internal Medicine at the University of Michigan Medical Center, Ann Arbor.

Margaret Gray Wood, MD, emeritus professor and former acting chairman of dermatology at the University of Pennsylvania Medical Center, was awarded the Rose Hirshler Award for significant contributions to medicine and dermatology. The award, presented annually by the Women's Dermatologic Society, is in honor of Dr. Rose Hirshler, the first known female dermatologist in the U. S.

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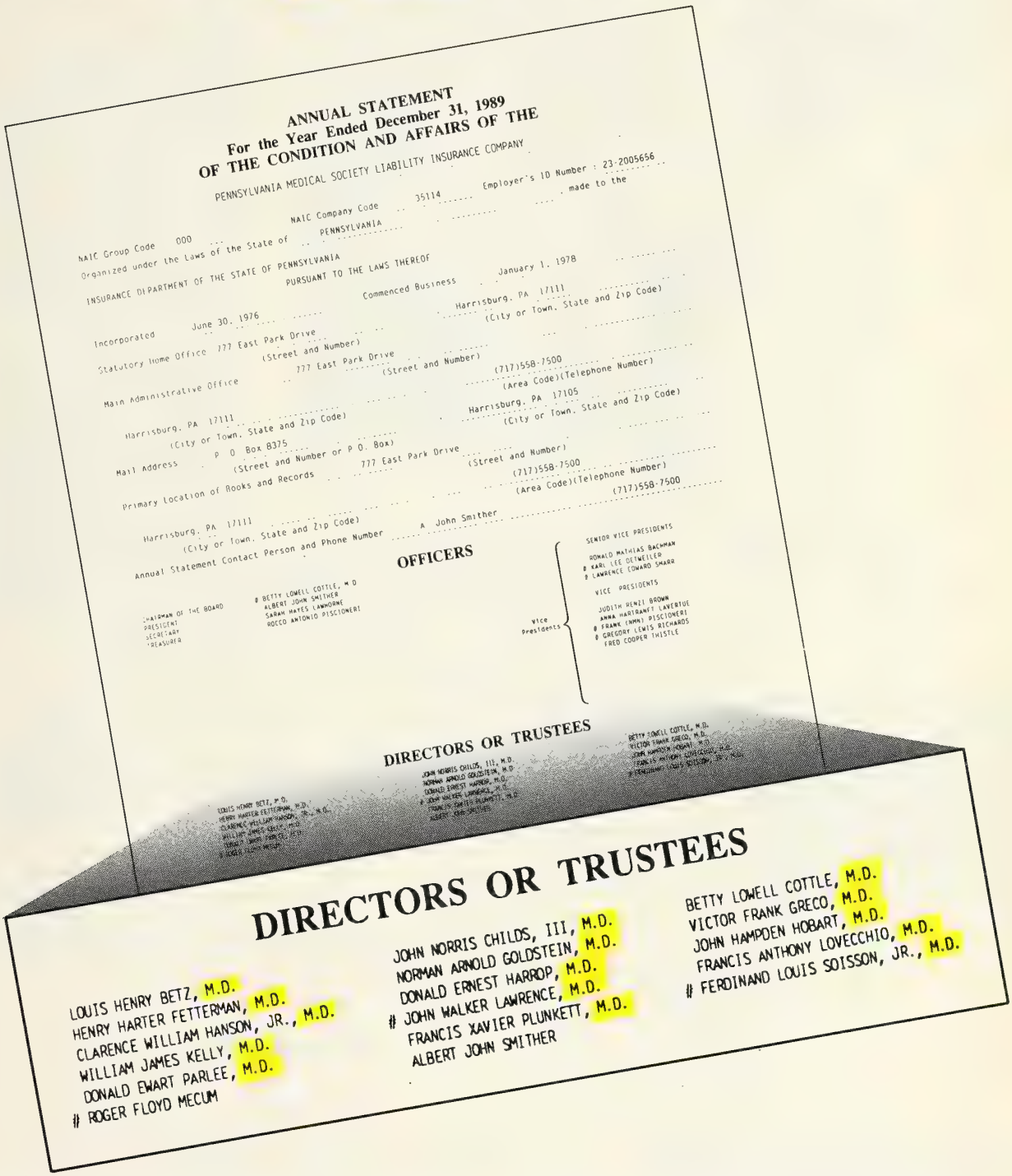

ANNUAL STATEMENT
For the Year Ended December 31, 1989
OF THE CONDITION AND AFFAIRS OF THE
PENNSYLVANIA MEDICAL SOCIETY LIABILITY INSURANCE COMPANY

NAIC Group Code 000 NAIC Company Code 35114 Employer's ID Number : 23-2005656
Organized under the Laws of the State of PENNSYLVANIA made to the
INSURANCE DEPARTMENT OF THE STATE OF PENNSYLVANIA PURSUANT TO THE LAWS THEREOF

Incorporated June 30, 1976 Commenced Business January 1, 1978

Statutory Home Office 777 East Park Drive (Street and Number) Harrisburg, PA 17111 (City or Town, State and Zip Code)

Main Administrative Office 777 East Park Drive (Street and Number) (717)558-7500 (Area Code)(Telephone Number)
Harrisburg, PA 17111 (City or Town, State and Zip Code)

Mail Address P O Box 8375 (Street and Number or P O. Box) Harrisburg, PA 17105 (City or Town, State and Zip Code)

Primary Location of Books and Records 777 East Park Drive (Street and Number) (717)558-7500 (Area Code)(Telephone Number)
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SPECIAL FEATURE

COUNTY SOCIETY TRIES REACH OUT AND TOUCH

Mark W. Shulkin, MD

"There are as many different doctor phonathon styles as there are different doctor personalities," commented a psychiatrist while eavesdropping on fellow directors during a membership phonathon. At the May meeting of the Delaware County Medical Society's Board of Directors, county physicians participated in this unusual event.

The board squeezed its May business meeting down to a half hour so they could put 90 minutes into phoning reluctant colleagues, who hadn't yet paid their annual dues. They also contacted a number of prospective new members.

Bell Telephone installed seven new phone lines in the society's office suite just for the occasion. Why shouldn't they have? They charged a whole month's phone rate for each line, though the lines were only used for 90 minutes. Plus installation.

Not to worry. The AMA picked up the tab and even sent staff from Chicago to help "prep." The staff kept a running tally on a score board to spur the doctors on. Seven doctors made the evening phone calls but there were eight different styles. One doctor even had two personalities.

Humble: "Sorry to bother you. I could call back later. Well, I'd like to ask you to come back into the fold so our political voice doesn't seem somewhat compromised."

Persuasive: "Look, even Congress is not perfect, but you don't secede from the Union. We'll send you a packet. You have to hang up? Call me tomorrow so we can talk about it some more."

"My partner is the greatest non-joiner in the world but even he's willing to pay for this kind of support. Where else can you put $1,000 and get that much for it?"

Direct: "What could we do to influence you to be a member? Did you know that last year PMS saved doctors enough on the CAT Fund alone to pay their dues for four and one-half years?"

Sympathetic: "I'm sure your office expenses are astronomical. Yeah, I understand. I'm in the same boat myself, just starting a new practice, but the AMA is doing things to help us!"

Helpful: "How are you doing? I see you belong to the AMA but not the county medical society. Any reason for that? What are your feelings? Well I can get you in for one-half price if this is your first year. It's only $240 for one-half year; I think you can swing that."

Good Natured: "Ha-Ha! I'm calling you

SCOREBOARD

	CALLS COMPLETED	PROBABLE	POSSIBLE	UNLIKELY	NO
Humble	6	3	1	1	2
Persuasive	7	3	2	0	2
Good Natured	6	3	1	1	1
Relevant	9	6	1	0	3
Direct	9	3	4	0	2
Sympathetic	7	1	3	0	3
Helpful	7	4	1	0	2
Enthusiastic	7	3	2	0	2

Dr. Shulkin is clinical director of adult services, Department of Psychiatry, at the Mount Sinai Hospital in Philadelphia and editor of The Bulletin of the Delaware County Medical Society. *"The Investigative Reporter" is a monthly feature in* The Bulletin.

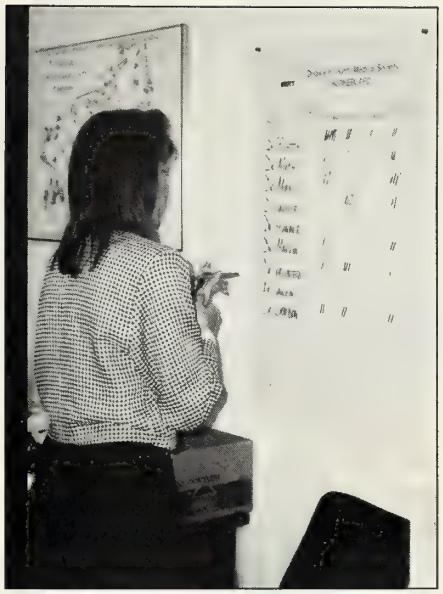
for a consultation today instead of you calling me for one. I need your money or I can't get sent to Hawaii for conferences. You don't have to pay it all at once. We take Visa, MasterCard, and American Express. Union members' dues are over $1,000 and doctors make more than they do. You can afford it."

Relevant: "I read your letter of resignation in which you question the AMA's position on a specific issue. I'm very sympathetic to your point of view and I wondered if you had any further thoughts about it. I understand your feelings. People like us need to continue our memberships and speak with a unified voice to change the AMA's position."

Enthusiastic: "Phonathons are a lot of fun. I'd like to do it again tomorrow. It's only costing me $2.50 a day to belong to three organizations. What a bargain!"

It was fascinating to listen to six or seven simultaneous conversations. The room was a-buzz. Messages were left on machines and with answering services. A couple of poor souls were being paged at their hospitals.

The directors scribbled notes for immediate follow-up mailings or call-backs. Some were giving out their office numbers and promising to "do lunch."



Careful record was kept on a "Scoreboard" of the Delaware County Medical Society's progress during the membership phonathon. Each phoning physicians' efforts were tallied on calls completed, and probable, possible, unlikely and "no" responses.

During the next two days the DCMS staff coordinated repeat billings and individual memorandums to each physician who had been called. They included the current "benefits propaganda" and applications for many prospective members.

The eight different styles seemed equally successful. Take a look at the scoreboard and see if you don't agree. At the end of the session, it looked as though there would be a growth year rather than a horrendous fallout as the result of AMA unification.

How many checks did the DCMS receive because of the phonathon? Don't ask! It's not important! The doctors reached out to touch someone, not to put the touch on them. They initiated a dialogue with some of the 50 percent of American physicians who do not presently support organized medicine. That dialogue should be a continuing one.

It needs to be Humble but Persuasive, Good Natured but Relevant, Direct but Sympathetic, Helpful and Enthusiastic.

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—Brenda Hollingsworth

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-Judy Morrow

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NOBEL CONFERENCE: A REPORT

James F. Drane, PhD

The opening of the Third International Nobel Conference on Ethics in Medicine reminded me of Sunday Mass. Not exactly what I had expected in Sweden, where Lutheranism is the state religion and the culture today is thoroughly secular. Conference participants were advised to be 15 minutes early for the opening session at Huddinge Hospital, an enormous, modern, high-tech medical center, 30 minutes by train from downtown Stockholm. Promptly at 9 a.m. the main doors opened for a procession of well-dressed men followed by a woman dressed in cardinal purple. She carried a bouquet of yellow roses, a striking combination. All present stood to greet Queen Silvia of Sweden as she moved down the isle to her place in the first row. As she was seated and we sat, the "liturgy of the word" began.

The director of the Nobel Commission welcomed us to the conference and spoke about the commission's interest in ethics and medical ethics. Next the queen spoke, as a mother and representative of her people, in flawless and accentless English. Her theme was protecting the integrity of patients, whom she felt were increasingly threatened in today's high-tech medical care institutions. After she spoke, the queen remained to listen to several papers on "Integrity and Autonomy," the first of which was delivered by Edmund Pellegrino, MD, director of the Kennedy Institute of Ethics at Georgetown University, Washington, D.C.

Dr. Pellegrino's thesis, which set the conference's tone, critiqued the role of autonomy in American medical ethics. The American emphasis on autonomy, he argued, is exaggerated, minimalistic, legalistic, individualistic, and often disruptive in the clinical setting. The underlying assumption by proponents of American-style autonomy is that the rights of the individual are inviolably above those of the doctor and the community. Such a view undermines trust in the physician, ignores the rights of the community, and most damagingly, ignores both the reality of illness and the healing character of the doctor-patient relationship.

Dr. Pellegrino strongly emphasized the need for patient respect and participation in medical decision making, but he also insisted that physicians have rights and duties that entitle them to respect. Physicians' ethical commitments cannot be made subservient to an exaggerated patient autonomy. Patients cannot, for example, require doctors to perform abortions or euthanasias. While no added powers or privileges are due physicians, they do have added responsibilities derived from a fiduciary relationship with patients. Any adequate code of medical ethics must take this reality into consideration.

Integrity, Dr. Pellegrino said, would be a sound basic principle for ethical decisions in medicine. Integrity applies equally as a moral directive to patients and physicians. Respect for a person's integrity requires balancing the physical, psychological, and spiritual dimensions of the person. Physical integrity refers to the body's proper physiological functioning, which is undermined by serious illness. Psychological integrity implies the self which is alienated from the body in illness. Spiritual integrity encompasses the values both of the physician and the patient. Physicians are committed more to patient integrity than to the narrower value of individual autonomy, and patients have an obligation to respect the integrity of their physician. Because it is more central to the doctor-patient relationship, integrity is a better guiding principle for medical ethics than patient autonomy and is more readily recognized as such by non-American cultures.

The integrity principle applies to issues such as a donor's body integrity in transplantations. AIDS has called attention to the integrity both of victims and the community, which also requires respect, security, and protection. Integrity is a central issue in research, where violation possibilities are a constant concern. The same is true of modern gene technology where both individual and species integrity is rooted in the very *being* of a person, cannot be lost, has no de-

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grees, and cannot be subjected to substitution. For all these reasons, integrity is preferable to autonomy as the foundation value in medical ethics.

The atmosphere of an international meeting demonstrates the need for broad transcultural ethical standards. High-tech medical procedures which give rise to modern ethical dilemmas are world-wide, and so too must be ethical standards guaranteeing their humane use. The international focus of the conference was repeatedly revealed in attempts to develop concrete ethical patient protections across cultural lines. Common elements of environment, culture, and medicine force us to search for ethical standards that are more than reflections of a particular people. The American emphasis on individual patient autonomy, however, is considered too narrow and one-sided to serve as a foundation for international medical ethics. Integrity comes closer to fulfilling that need.

A challenge to autonomy

The conference's celebration of communality and transcultural ethical agreement came to a shocking halt when Daniel Callahan, PhD, delivered his paper on "Age and Other Limits in Health Care." While he continued the critique of individual autonomy as a viable foundation for medical ethics, the integrity or autonomy discussion was lost in the midst of his much more emotional argument about limiting patients' rights to expensive high-tech medicine after they reach a certain age. Suddenly, the conference descended from a relatively pure metaphysical atmosphere of principles and turned into an only slightly restrained dog fight about social ethics and medical treatment for the elderly.

Dr. Callahan outlined his now famous thesis that a combination of aging population and constant medical progress very soon will pose a challenge to fair allocation of health care resources. Together, the two factors will increase the cost of health care beyond what even an affluent society can afford. Because the greatest expenses will come from caring for the elderly, we need to begin thinking now, he said, about setting priorities and limits. Cost cutting alone cannot deal with the oncoming crisis. The American emphasis on autonomy and individual decisions makes the only viable solutions more difficult to implement. Societally-mandated standards of age and outcome assessment will be required. Such a change necessitates a move away from individualism toward social values; from individual autonomy to a social ethic.

The very mention of age as an agreed-upon objective standard for limiting certain kinds of health care expenditures caused an emotional audience response that frequently was unfair to Dr. Callahan. His thesis of age-based rationing was not unnuanced, but the emotional responses to it certainly were. His challenge to participants to re-think the meaning of growing old and dying was apparently a very threatening task. Many conference participants felt more comfortable with rhetorical statements about discrimination against the elderly, or about how being old is like being young, or about the need for more public programs for extending the length and advancing the quality of life. The idea of up-front, institutionalized rationing violated accepted beliefs about medical care delivery in first world nations. Dr. Callahan defended strong advocacy of improved care for the elderly in the sense of chronic and palliative care. What he argued against were continued improvements and entitlements to life-prolonging treatments after a certain age. He had no objections to treatments and expenditures which either control chronic symptoms or improve the quality of life. It was the use of high-cost, high-tech, life extending procedures which do neither that he thought should be eliminated.

Nevertheless, during the discussion the polite atmosphere of earlier sessions degenerated into something akin to an old-fashioned back alley brawl. When Dr. Callahan was labeled callous, uncaring, and unjust, the ordinarily cool, analytic philosopher took off the gloves to defend himself. All the points raised by critics from the audience had already been addressed in his tightly argued articles and books,[1] and comparisons between his ideas and Nazi solutions did little to advance rational discussion. Gratuitous rhetoric compared the tyranny of younger majorities in democratic countries to totalitarian regimes and warned of frightening dangers for the weak and aged. Ominous social predictions stood in sharp contrast to what had been a growing consensus about guidelines and standards of right and wrong in health care. His suggestion that an aged-based cut-off for life extending treatments be balanced by an enriched understanding of the meaning of being old and an extended societal role for the elderly as conservators of the past and teachers of youth, fell on deaf ears. While conference participants continued to agree about the need for international guidelines and standards based on something more objective than autonomy, age as a social standard was not well received.

Movement beyond an individualistic, autonomy-based morality, toward a more balanced social ethic with respect for individuals, seems well-established. Steps already are being taken in that direction in Scandinavian countries. Utilitarian thinkers at the conference said they accept deontological individual safeguards against obvious injustice. There were signs also of a growing transcultural agreement, at least about guiding principles for public health policy, if not about more concrete, practical measures.

Philosophically, the conference participants seemed to be moving toward agreed upon principles for just allocation of scarce medical resources. In the real world, however, even among sophisticated academicians, the debate quickly slips into bare knuckle interactions over which concrete norms or laws will be applied. Limits obviously have to be set in accordance with principles of social justice, but where principles meet affected persons, heated disagreement still arises.

The issue of clinical freedom

The following morning, another assault was mounted on the autonomy principle, this time from the perspective of physician-based demands for clinical freedom. The socially authorized aim of the doctor-patient relationship is to improve the patient's condition, cure the patient, relieve pain, overcome dysfunction, and prevent untimely death. Time and again the point was made that the principles of medical ethics cannot impede these goals. In situations where medical goals conflict with patient autonomy, a shared responsibility is more appropriate than a single individualistic patient right.

Sir Raymond Hoffenberg, president of the Royal College of Physicians, London, argued that the threat of malpractice litigation has forced physicians to adopt de-

fensive styles of practice which are costly to society and do not advance patient interests. Clinical freedom for physicians, he said, must be protected or everyone suffers. Many specialties important to patients and to society are being abandoned because of legal entanglements. The greatest threat to sound medical ethics today, he said, comes from economic restraints on clinical freedom. Increasingly, physicians are called upon to ration resources, creating a conflict between duties to patients and duties to government (or employing institution). More and more guidelines are being imposed on medical practice, seriously limiting physicians' freedom to manage patients. Sir Hoffenberg proposed that physicians become more involved in discussions of medical ethics, designing their own ethical standards of good clinical care.

The emerging theme of the conference—critiques of American-style autonomy—was reiterated by many speakers who insisted that the autonomy/paternalism dialectic is simply an insufficient framework for building medical ethics. The ideals of social justice, integrity, and clinical freedom were emphasized in contrast to an autonomy based ethic. A repeated consensus of the meeting was that unless more consideration is given to societal issues, patient choices will be reduced to the point that individual autonomy will have almost no meaning.

The United States is clearly the world leader in medical ethics and is far ahead both in breadth and depth of work in this field. But the technologies which gave rise to modern medical ethics are now world-wide, and diseases like AIDS raise the same ethical concerns everywhere. Certainly, ethical approaches reflecting cultural influences exist, but an international bioethics community is also developing. International meetings such as this conference take place more frequently. Policy developments are shared across national borders. There is growing interest in the development of an internationally uniform response to major problems in bioethics.

Once this broader perspective becomes a more conscious consideration, American bioethicists should move away from the almost single-minded focus on individual rights and liberties that has characterized their work. This will not be easy. The present struggle in the Soviet Union and Eastern Europe to shift away from broad social values to individualistic ones illustrates the problem. It will be interesting to see how flexible Americans are in moving in the opposite direction.

Reference

1. **Callahan, Daniel:** "Vital Distinctions, Mortal Questions," *Commonweal*, July 15, 1988, pp. 397–404; see also Daniel Callahan, "Elderly Health Care: There Ought to Be a Limit," *U.S. Catholic*, July 1988, pp. 13ff.; see also Daniel Callahan, *Setting Limits: Medical Goals in an Aging Society*, New York: Simon and Schuster, 1988; and Daniel Callahan, *What Kind of Life: The Limits of Medical Progress*, New York: Simon and Schuster, 1989.

FINANCIAL MANAGEMENT

After Estate Planning

William T. Tsiouris, Esq.

The completion of a person's estate plan, whether carried out by a will or a deed of trust, does not signify the end of the process. At that time, and subject to periodic revision, the individual should address the task of providing his fiduciaries and family with the basic information necessary to carry out the estate plan upon that person's death. A great deal of trouble and, in most instances, expense will be avoided if the fiduciary has data which enables him to carry out his duties in an expeditious manner.

The alternative is to have the fiduciary conduct a search at a time when the family and heirs are in a highly distraught state of mind. That type of situation can be avoided by having the individual prepare a detailed statement or letter which gives the fiduciary a fairly complete picture of the individual's financial affairs as well as such preferences as, for example, those concerning burial instructions and division of personal effects.

The statement or letter should include the following subject matters:

1. Listing of assets, which should be currently valued, and which should indicate the location of each such asset.
2. Listing of significant debts including maturity, installment payment amounts and location of underlying debt instruments.
3. Name, address, and telephone number of family attorney and accountant, including preference, if any, as to retention of both or either.
4. Burial directions and location of deed to burial plot.
5. Specific location of safe deposit box, if any, location of key to box, and names of registered owners.
6. Inventory of safe deposit box.
7. If personal items are left to a group of heirs as determined by executors, some preference as to major items should be set forth.
8. Employment benefits including any contracts, or if none, company policy as to accrued vacation pay and death benefits. List name of person handling these matters at place of employment.
9. If minor children are involved, directions to guardian concerning education and rearing of minor children should be set forth.
10. If the individual owns unique assets, directions concerning valuation and disposition should be set forth.
11. If the individual owns assets which are not marketable, the individual's particular insight and attitudes with respect to those assets should be set forth.

An additional advantage to the preparation of the above statement or letter will be to discipline the individual in his lifetime to assemble his records in an understandable and logical fashion—this process gives rise to living as well as post-death benefits. An investment of some additional time after execution of a will or deed of trust will pay considerable dividends to a person's family and heirs.

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STATE SYSTEM OF DISCIPLINE FOR LAWYERS AND JUDGES

Kym Liebler

Despite criticism leveled at the confidentiality of Pennsylvania's legal and judicial disciplinary systems, the Disciplinary Board of the Supreme Court of Pennsylvania remains in the forefront of national recognition as a model system widely followed by other states.

Pennsylvania lawyers are obligated by their profession to adhere to the *New Rules of Professional Conduct,* which require attorneys to act professionally in their roles as representatives of clients, officers of the legal system, and public citizens. The rules also serve as a frame of reference to solve professional ethical dilemmas that arise when a lawyer's varied responsibilities conflict. Disciplinary action is sought or taken when members of the legal profession are guilty of misconduct and, as a consequence, jeopardize the integrity of the legal system and the public's faith in that system.

Ultimate authority over Pennsylvania lawyers and judges rests with the Pennsylvania Supreme Court. Unlike the majority of professions, which are regulated by government-appointed boards or commissions, the legal profession is largely self-governing.

The Disciplinary Board and the Judicial Inquiry and Review Board (JIRB) are both under the purview of the Supreme Court of Pennsylvania and are the two agencies charged with policing the legal profession. Both adhere to strict confidentiality during the disciplining of lawyers and judges. To ensure public confidence in the court system, both agencies are forbidden to disclose any information about an investigation until they have determined that misconduct has in fact occurred, and until they recommend formal discipline to the Supreme Court.

Lawyer discipline

The Disciplinary Board, a 17-year-old entity made up of 11 lawyers and two lay members, is assigned the task of monitoring the conduct of Pennsylvania lawyers.

According to the Disciplinary Board's 1989 Annual Report to the Supreme Court, the most common causes of discipline continue to be conversion and commingling of client funds and neglect of legal matters that may or may not include deception and misrepresentation to the client. Recent reports indicate that other causes for lawyer discipline include neglecting to sue on behalf of a client, failing to file appeals, and criminal misconduct such as drug pushing, racketeering, mail fraud, and income tax evasion.

Disciplinary action can take many forms, only one of which is disbarment. Other types of discipline consist of informal admonitions by disciplinary counsel, a private reprimand by the disciplinary board, public censure by the state Supreme Court, or suspension. Only a fraction of lawyers that appear before the disciplinary board are disbarred. In addition, informal admonitions and private reprimands comprise 70 percent of the punishment meted out to lawyers.

Disciplinary Board procedures

The Disciplinary Board handles and investigates approximately 275 complaints a month. Typically, disciplinary procedures are prompted by a written complaint filed with the board. In some instances, however, the board itself initiates investigations into a lawyer's conduct. After a complaint is filed, a staff member reviews it to determine whether probable cause for discipline exists. If the complaint warrants further investigation, a written report is submitted to a reviewing member of one of Pennsylvania's 42 hearing committees.

It is up to the reviewing member—one of 108 lawyers selected to serve on a voluntary basis—to decide whether the case should either be referred to disciplinary counsel for a formal hearing before a three-lawyer hearing committee, or whether an informal admonition or pri-

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vate reprimand from the board is appropriate discipline.

Disciplinary hearings are held after the reviewing member determines that probable cause for discipline of a more serious nature exists and approves the prosecution of formal charges. The disciplinary hearings operate in much the same way as a court trial; however, they are not open to the public.

Following testimony before a hearing committee, a report is sent to the Disciplinary Board, which then decides if the complaint should be dismissed or if discipline is warranted. The matter is considered closed if the discipline is less than disbarment, suspension, or public censure.

Public censure, suspension or disbarment can be ordered only by the Supreme Court. Not until the Supreme Court directs such discipline does the matter become public information.

Voluntary disbarment

Voluntary disbarment, under which a lawyer agrees to stop practicing law in return for the Disciplinary Board's keeping his wrongdoing private, constitutes the majority of disbarments. The details on involuntary disbarments, however, are available to the public. Twenty-nine lawyers were disbarred last year, according to the Disciplinary Board's annual report. Three of the disbarments were the result of formal proceedings undertaken by the board.

Voluntary disbarment is not a painless process. The lawyer must sign a verified statement that his action is voluntary and that the material facts contained in a complaint against him are true. The lawyer must also inform his clients that he has terminated his practice. All disbarments are effective for at least five years and can only be lifted by the state Supreme Court.

Another function of the Disciplinary Board is to review petitions for reinstatement filed by lawyers who have been suspended or disbarred. The petitions include a lengthy questionnaire, and require participation in a hearing to demonstrate that the petitioner has the moral qualifications and is learned in the law. The disbarred or suspended lawyer must prove that his reinstatement will not be adverse to the public interest and will not reflect poorly on the reputation of the bar.

The judiciary

While the lawyer's disciplinary process has maintained a low profile, the procedures implemented to monitor Pennsylvania's judiciary have received considerable media attention during the last decade. The JIRB is the agency of the Pennsylvania Supreme Court responsible for overseeing the judiciary. Although sometimes criticized for its inefficacy, the nine-member board last year recommended to the Supreme Court the removal of 15 Philadelphia judges charged with accepting cash gifts from the Roofer's Union.

Five judges, two lawyers and two lay members sit on the JIRB. Like the Disciplinary Board, much of its proceedings are confidential. Although the board cannot dole out punishment, it has the authority to determine if ethical misconduct has occurred and to recommend appropriate discipline to the Supreme Court. Until the JIRB submits its report to the Supreme Court, nothing about the investigation is public record.

Each case of alleged judicial misconduct is explored during a six-step process. The first phase involves a review of either a complaint received from an outside source or initial information gathered by the board for an internal investigation. At this point, the case may be dismissed if it is determined that the matter is frivolous or not within the jurisdiction of the board. The second phase entails a brief preliminary investigation after which the case may be dismissed if it is found to be without merit. The third phase is the initiation of an investigation. At this point, the judge under investigation is informed that such an investigation is under way.

The filing of formal charges and the ensuing hearing concerning the charges constitutes the fourth phase of JIRB procedures. Fifth, the board informs the judge charged with misconduct of its ultimate finding. The sixth and final phase involves relaying the board's recommendations to the Supreme Court. After the JIRB presents its report to the Supreme Court, the public is privy to the details of the judicial investigation.

Confidentiality debate

The confidentiality rule is controversial. It came under fire in 1983 when the majority of the JIRB voted to keep confidential the testimony of a 28-month investigation into the conduct of Supreme Court Justice Rolf Larsen. The *Philadelphia Inquirer* obtained a copy of the testimony and printed extensive excerpts of the proceedings.

According to critics of the disciplinary system, the policy undermines, rather than strengthens, the very objective it was designed to guarantee. Proponents of the confidentiality clause say it protects judges who are subjected to groundless or frivolous complaints. Approximately 75 percent of the 400 complaints the JIRB receives annually are found to be without merit. There are 1,100 judges, district justices and senior judges in Pennsylvania.

The JIRB dismisses about half of the remaining 25 percent of the cases opened to formal investigation. Over the last three years, the board has taken formal action in about 15 percent of its cases.

Judicial reform legislation

Reforming the manner in which Pennsylvania judges are disciplined is an initiative of the Pennsylvania Bar Association. Two bills that would amend the state constitution to provide for a two-tiered system of judicial discipline have passed the Senate and are now in the House Judiciary Committee. S.B. 1 and S.B. 595 call for the establishment of a Judicial Conduct Board/Board of Complaints that would investigate complaints and could order a hearing based on probable cause before a Judicial Conduct Board/Conduct of the Judiciary.

Momentum for judicial reform has picked up following the March resignation of former Superior Court Judge Edmund B. Spaeth Jr. from his post as chairman of JIRB. In his resignation letter, Judge Spaeth said, "... the structure of the board is so fundamentally flawed that the board cannot fulfill the responsibilities entrusted to it."

In reply, Governor Robert P. Casey stated his support for judicial reform and noted "public disclosure of substantial charges against judges is absolutely essential to maintaining public confidence in the board's ability to deal with ethical violations."

Change is on the horizon. If S.B. 1 or S.B. 595 pass the General Assembly this June, and the same measure is passed again in the 1991-92 legislative session, Pennsylvanians will have an opportunity to vote on a constitutional amendment referendum placed before them during an election occurring as early as May 1991. If that happens, a constitutional change could be in effect as early as January 1992.

For years, the legal community has lobbied for judicial reform. It appears their efforts have not been in vain as state leaders, legislators and the public finally address the issue.

FREE AND DISCOUNTED CARE BY PHYSICIANS

As the Commonwealth's economy changes, questions arise about the number of Pennsylvanians without health insurance. Related to this is the willingness of physicians to give free and discounted care to patients in financial need. In the spring of 1988 and again in the fall of 1989 the Pennsylvania Medical Society conducted two surveys to track the amount of free and discounted care provided by doctors. The data from both surveys are consistent. The principal findings are:

1. The vast majority of physicians (94 percent of respondents) offer significant amounts of free and discounted care.
2. The average physician provides approximately 900 free or discounted visits per year. This represents about 16 percent of all visits (1988 American Medical Association survey of physicians in Pennsylvania).
3. The average annual dollar value of these visits, as reported by a physician in the survey, is $33,237.
4. *Projected to the approximately 25,000 practicing physicians in Pennsylvania, the survey shows that more than $830 million in free and discounted care is provided each year by Pennsylvania doctors. (Range = $576 million to $1 billion).*

Survey findings

The elderly benefit most from free and

Table 5
Physician Respondent Profile

	Sample	Population	Difference
Age			
Less than 35	12%	25%	– 13%
35-44 Years	30%	31%	– 1%
45-54 Years	24%	19%	+ 5%
55-64 Years	21%	15%	+ 6%
65 and Over	12%	10%	+ 2%
Sex			
Male	91%	86%	+ 5%
Female	9%	14%	– 5%
Specialty			
General IM	9%	13%	– 4%
FP/GP	29%	16%	+ 13%
Pediatrics	6%	6%	NA
OB/GYN	6%	6%	NA
Other Medical	22%	40%	– 18%
Orthopedic Surgery	8%	4%	+ 4%
Other Surgery	20%	16%	+ 4%
Type of Practice			
Solo	60%	46%	+ 14%
Group	38%	54%	– 16%

These are the findings of a PMS Indigent Care Survey conducted May–July, 1989.

discounted care. Physicians provide the greatest number of free or discounted visits to Medicare patients. For the average physician respondent, this amounts to 342 visits per year, with 87 percent of those visits resulting in a discount to the patient. The total annual dollar value of these discounts per doctor is $11,891.

Insured patients receive free and discounted care. The typical physician in the survey provides 257 free or discounted visits to patients who have health insurance. Most of the benefits to these patients come in the form of discounts (75 percent). For doctors in the survey, the annual average dollar value of this free and discounted care to insured patients is $11,088.

Welfare eligible patients receive additional free and discounted care. A majority of physicians not only serve Medical Assistance patients but often provide some of that care free. Frequently they absorb discounts over and beyond those built into the program.

The average physician in the survey provides 247 visits to Medical Assistance patients per year in which a deductible is not collected or in which a service is provided which is not billed to the Department of Public Welfare (DPW). Nearly half of the doctors responding to the survey (48 percent) give some free care to Medical Assistance patients.

Most doctors give some free care to self pay patients. More than half of the doctors responding (58 percent) give free care to uninsured patients. And almost half (47 percent) give discounts to uninsured patients.

When physicians treat patients without insurance, or as termed in the survey, "self pay," the majority of the care given switches from discounted to free. In the survey, on an annual basis, 57 percent of the dollar value of care given to the uninsured was free care. Forty three percent was discounted care.

Summary

Most doctors in the state voluntarily provide free or discounted care to patients. Based on the survey, a typical doctor, who sees Medicare, Medicaid, commercial insured, and uninsured patients, provides 950 free or discounted visits a year or approximately three per day.

Design of the study

To ensure a high level of validity, this study was designed to collect *actual,* rather than *estimated* free or discounted care figures from physicians. To this end, physicians who agreed to participate were asked to record dollar values of free or discounted care for each of the three months of the study. Separate categories were provided for free care versus discounted care in each of the following classifications: Medicare patients; Medical Assistance (MA) patients; Patients with commercial insurance (including Blue Shield); and self-pay patients.

Corresponding patient visit data was collected for each of these categories. The data collected over three months was then aggregated and multiplied by four to provide a projection of the annual amount.

Respondents were instructed:

- *NOT* to provide figures for other members of their group.
- *NOT* to list discounts which are provided to Medicare, MA or an insurance carrier as part of an agreement.
- *NOT* to list care which is provided as professional courtesy.

Respondents were asked to provide figures only for themselves and only for those amounts remaining after reimbursement from the insurance carrier. They were asked to call the PMS contact person if they had questions about the proper way to fill out the survey questionnaire. In addition, the responses were carefully screened to eliminate inappropriate responses, such as figures reported for a group practice rather than an individual or unusually large dollar amounts reported.

Statistical significance of results

In a sample of the size used in the PMS study, a difference of plus or minus 9 percent would be considered statistically significant. Using this figure, a judgement can be made as to whether the sample of respondents is biased, or if the sample can be used to produce estimates of the amount of free or discounted care given by the entire physician population in the Commonwealth. Like most mail-out surveys, this survey contains a certain amount of response bias, but with few exceptions, the survey sample is representative of the physician population in terms of age, sex, specialty, and type of practice. Certain differences exist between the profile of respondents and that of the entire physician population. Those drawing conclusions from this data are alerted to this.

One major bias—a lack of response by physicians who give little or no free or discounted care—was avoided by urging these physicians to participate in the survey, and they did so. With one exception ("Other Medical"), the survey profile matches the profile of the population of physicians in the Commonwealth. Table 5 provides a detailed profile of physician respondents versus the physician population in Pennsylvania.

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SPECIAL FEATURE

TIPS FOR SURVIVING PEER REVIEW

Rocco DeMasi, MD

Physicians often feel as if they are watching the blank screen of the Health Care Financing Administration's (HCFA) regulation making apparatus, waiting for the new book of rules to appear. Well, it's here; and it is called "The Third Scope of Work." This sets forth the new obligations that the Peer Review Organizations (PRO) must fulfill.

Earlier PRO activities stressed utilization review and cost containment:

1. detection of, and denial of payment for, unnecessary admissions and unnecessary care;
2. review of cost outliers and day outliers;
3. DRG validations;
4. review for medical necessity of transfers from one prospective payment system hospital to another;
5. review of readmissions occurring within 31 days of discharge;
6. scrutiny of specific DRGs;
7. checks of random samples of Medicare admissions;
8. discharge planning, etc.

Added to and expanding these tasks will be 100 percent pre-procedure review for carotid endarterectomies, cataract extractions, and eight other procedures (no matter if done on an in-patient or out-patient basis) selected by the PROs from a list supplied by HCFA. KePRO's selections include several cardiovascular procedures (pacemaker insertions, percutaneous transluminal coronary angioplasty, coronary artery bypass graft surgery, complex peripheral revascularization), orthopedic procedures (major joint replacement, and laminectomy), hysterectomy, and prostatectomy.

Under the new scope of work, greater emphasis is to be placed on the quality of care given to the patient, not only in and by the hospital and physician, but also by ambulatory surgical centers, home health care agencies, skilled nursing facilities, and hospital ambulatory care facilities.

Once a chart is selected for review, it must undergo scrutiny to make sure that the admission was necessary; that the quality of care rendered was satisfactory; that the principal diagnosis was proper; and that discharge planning was adequate to continue the patient's care and avoid readmission. By understanding the various aspects of this process, physicians can decrease the number of PRO letters they receive.

Determining admission

How necessary is it for the patient to be admitted to the hospital to care for the particular problem? Most times the answer is very obvious, especially in the case of serious or life-threatening illness. But what about the elective admission? Could the diagnostic evaluation have been performed on an out-patient basis without jeopardizing the patient's health or well-being? Notice that inconvenience to the patient is not part of the question. Very often the patient's social problems and circumstances pressure the physician into deciding to hospitalize for care. Difficult emotional factors come into play in making the choice. Now the doctor must take the time to explore all avenues available for patient evaluation in the least costly setting and become familiar with the out-patient diagnostic facilities, home health care agency services, and ambulatory surgery centers. The patient and the family need to be informed of the various options open to them so that they can participate in the care rendered. When adequate out-patient services are not available physicians must assist their hospitals and communities in establishing the needed facilities.

If, after considering all of this, the physician feels that as much as possible has been done in the ambulatory setting, the efforts must be documented legibly in the patient's hospital record. Without this substantiation, the chart reviewer is at a disadvantage. Not knowing the patient's social and medical environment, the reviewer must make a decision on necessity of admission based on general medical principles. That judgment cannot weigh all of the mitigating circumstances that went into an attending physician's decision. Documentation is vital. The old adage, "if it isn't in the chart it doesn't exist," will be followed.

Pre-admission planning

Once the patient is in the hospital, care given to him must reflect the severity of illness for which in-patient status is deemed necessary. Pre-admission planning, then, is important. Document the diagnostic and/or therapeutic approach you plan to take as part of your history and physical examination. Make sure

Dr. DeMasi is a member of the Department of Medicine, Division of Rheumatology, at York Hospital, York.

that your clinical impressions are consistent with the history and physical findings. If the care plan is one that can be carried out in a less expensive setting, or if clinical findings do not support your diagnostic impression, reconsider hospitalization.

Another factor which will take on greater significance in the "Third Scope of Work" is discharge planning. Discharge planning must begin as soon as the decision to admit the patient is made. Physicians should add the heading "Discharge Plan" to their H&P, along with Chief Complaint, History of Present Illness, etc. Just as we use our diagnostic impressions to guide our approach to solving the problem, so should we use our discharge plan. Too often physicians find themselves with a clinically stable patient ready to leave the hospital, but no place to go.

The patient's family and the institution's social service department must be made a part of the patient's care process from the beginning. Documentation of discharge planning efforts, and anticipated out-patient management are extremely important. Your notes should indicate the timing of post discharge follow-up, the problems to be assessed, and the proposed approach to these problems. Documentation of this kind in the hospital chart, substantiated and confirmed by the out-patient record, will go far to discount claims of "premature discharge."

Inherently linked with the "premature discharge" designation is the condition of a patient during the 24 hours prior to dismissal from the hospital. HCFA policy lists several factors to which reviewers must pay attention as indicators of possible premature discharge. Abnormal laboratory studies, blood pressure readings outside of certain limits, temperature elevation, postoperative bleeding or evidence of wound infection (e.g. drainage) within 24 hours of discharge can lead to quality review problems. It is to the physician's advantage to review all of the patient's record a few days before anticipated discharge. This includes notes by nurses and any ancillary health care providers who contribute to the chart. Document and explain any discrepancies that exist in the record. Evaluate and explain any abnormalities in the laboratory or x-ray data. Treat any instabilities found which may indicate the patient is not ready to leave the hospital. Make sure all pending laboratory information is checked. Cultures and other diagnostic tests that come back positive after the patient goes home raise red flags to reviewers, unless documentation is present showing that return of the information is awaited, and a possible therapeutic approach is proposed.

When the attestation statement on the front of the patient's chart is signed, the physician is specifying the principal diagnosis for which the hospital is to be paid under the prospective payment system. By definition, this diagnosis is "that condition which after study is determined chiefly responsible for occasioning the admission of the patient to the hospital." It may not be the reason why the patient stayed in the hospital for a prolonged period of time. It may not be the most serious illness the patient had. It is the reason why the doctor thought the person had to be taken care of as an in-patient. Confusion may occur when determining the final diagnosis to be used to categorize the patient's Diagnosis Related Group (DRG). The definition of "principal diagnosis" is the test that must be applied. If there is concern or disagreement as to what is correct, the physician should consult with the hospital's director of quality assurance, utilization review or the medical records librarian. They may be able to assist.

Some physicians feel that peer review is a game in which the rules keep changing. It may seem that way at times, but the good news is that the rules are available to you from the PRO, and your hospital's PRO contact person. Get to know them. Better still, take part in the review process by assisting your peer review organization. Spend some time reviewing your colleagues' charts. It is a sure bet that your record keeping will improve, and reviews of your records will go more smoothly. Then you will be able to complain legitimately should you get one of those "denial letters."

I have said nothing about the various sanction procedures mandated by HCFA. They will never be used against the vast majority of doctors. We should not practice to avoid sanctions. Learning the methods used by the PRO will help physicians to minimize the bureaucratic nuisances that use so much of our time in dealing with the "red tape machine." Most doctors want to, and do, practice good quality, cost effective medicine. Looking for the "bad apple" in the medical barrel should not be the only reason for peer review. Peer review can help all of us to practice better. It should help teach us improved ways to fulfill our role as physician to our patients and our communities.

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PHYSICIAN PIONEER HONORED IN CLEARFIELD COUNTY

Elaine Herrmann

On a windy day in April 1990, more than 170 years after his death, a group of Dr. Samuel Coleman's peers gathered in a Clearfield County cemetary to honor his name. He was Clearfield County's first physician, and members of the Clearfield County Medical Society joined with other community groups to restore a century-old monument to Dr. Coleman which had been damaged by vandals.

The monument, erected by the county society in 1888, was moved to a more accessible location and fitted with a new bronze plaque for the re-dedication. Because Dr. Coleman was the first settler in the small agricultural community of Grampian, members of the Clearfield and Curwensville Masonic Lodge Teams and Clearfield County Historical Society joined the physicians for the dedication.

Dr. Coleman might have been amazed to see the large gathering of dignified officials and physicians braving the April winds of rural Pennsylvania to remember his name. He did not court imortallity. From the colorful bits and pieces of his personal history which remain, it seems he was a "taciturn," reclusive fig-

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• Denotes PMS membership at time of death.

Oliver E. Mattas Sr., *Altoona*
Jefferson Medical College, 1930; age 85, died April 14, 1990. Dr. Mattas was a urologist. •

Carl B. Myers, *Bridgeville*
Jefferson Medical College, 1953; age 63, died May 14, 1990. Dr. Myers was a family practitioner. •

Harry M. Persing Jr., *Altoona*
University of Pennsylvania School of Medicine, 1934; age 80, died April 29, 1990. Dr. Persing was an ophthalmologist. •

Edward Shubert, *Erie*
State University of New York at Buffalo School of Medicine, 1939; age 84, died May 18, 1990. Dr. Shubert was an anesthesiologist. •

John J. Snyder, *Harrisburg*
University of Pennsylvania School of Medicine, 1939; age 75, died May 13, 1990. Dr. Snyder was a family practitioner. •

Morris W. Stroud III, *West Chester*
University of Pennsylvania School of Medicine, 1939; age 76, died April 30, 1990. Dr. Stroud specialized in preventive medicine. •

Earl R. Walter, *Milroy*
Temple University School of Medicine, 1952; age 72, died April 4, 1990. Dr. Walter was a general practitioner. •

Kenneth R. Weston, *Breinigsville*
Hahnemann University School of Medicine, 1931; age 85, died May 12, 1990. Dr. Weston was an orthopedic surgeon. •

Alfred A. Grilli, *Pittsburgh*
Philadelphia College of Osteopathic Medicine, 1948; age 67, died May 7, 1990. Dr. Grilli was a surgeon.

Mary C. McCormick Jayashekaramurthy, *Philadelphia*
Medical College of Pennsylvania, 1960; age 55, died April 15, 1990. Dr. Jayashekaramurthy was a pathologist.

Charles W. Schertz, *Pittsburgh*
Boston University School of Medicine, 1978; age 36, died March 27, 1990. Dr. Schertz was an anesthesiologist.

CORRECTION

An error occurred in an obituary on page 52 of the June, 1990 issue of Pennsylvania Medicine. Dr. Benjamin A. Gross of Philadelphia practices dermatology in that city. The deceased Dr. Benjamin Gross, of Cherry Hill, New Jersey, died on April 8, 1990.

ure, who settled in the wilderness of western Pennsylvania not solely to extend medical services into the frontier, but also to escape a mysterious past.

A Scottish nobleman?

County histories written some 60 years after Coleman's 1819 death say, "Of his early history nothing is known." They record only that he was born in Scotland in 1772, emigrated to America and in 1805 became the second doctor to settle in Williamsport. Rumor had it that he was "the son of an English nobleman, who, for some reason, did not acknowledge his paternity, but who provided the means to ensure him a superior education and maintenance." People said he never spoke of his birth place or parentage.

He acquired "considerable reputation" as a physician in Williamsport, where he practiced for several years. While they thought him eccentric, local folk remembered he had a "warm heart."

But he was quick to leave that community when a friend offered him 300 acres amidst a 40,000-acre wilderness tract in the still-unsettle Pennsylvania frontier. The owners's only condition for the property was that he relocate there. "Not liking the practice of medicine," local history says, Dr. Coleman poled a keel boat up river, landing at McClure, two and a half miles above Curwensville. He and his company cut a four-mile road through the wilderness to his acreage, and built a rough log hut covered with chestnut bark. He called his new home Grampian Hills, after his native Scottish highlands. Scotland must have seemed far away: like other early pioneers, he used tin cups for drinking and wood chips for plates, cleaning the plates by hewing them off with an ax.

Dr. Coleman set about the hard labor of clearing and working his lands, living alone except for, the record shows, the company of several slaves. Whether because of frontier stoicism or Dr. Coleman's peculiar character, he tended surrounding settler's sicknesses "only when his services were deemed indispensable," travelling his 70-mile wide practice territory by horseback.

While making his rounds, he at first found some of the local settlers a bit rough-hewn for his taste: "In the earlier part of his career, he was never known to use profane language and invariably reproved the use of it by others."

He never took a wife, living a solitary rural life, "indisposed to take anyone into his confidence." Others put their confidence in him, however, as he served as the second treasurer of Clearfield County. Eventually, the husband and wife who had first asked him to move into the area took up residence with him and cared for his estate, which he willed to them upon his death.

He died on his farm at the early age of 40, cause unrecorded. He asked to be buried "in the middle of a large field, habited in his best suit of clothes, including hat, boots and spurs, without a stone to mark his resting place and where the plow might ever after move over his remains." His last wishes were granted. His grave is on a farmland hilltop, inaccessible to the general public.

While language and culture have changed, sentiments have not. Appreciation for Dr. Coleman's contributions were expressed at the 1887 dedication of the original monument to Dr. Coleman by Davis A. Hogue, MD, of Altoona, in a poem: "These modest doctors, then excuse/Much on them may depend,/If they should court their latent muse/Old Homer's fame would end./ We've met today to honor one,/physician, pioneer;/who though, alas, his race has run,/His memory we revere." At the 1990 re-dedication, Betty Cottle, MD, PMS Sixth District trustee, said simply, "His first goal was to render service to his fellow man."

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CORRESPONDENCE

Obituaries Remind How Fleeting Is Time

I couldn't help thinking when I read the Obituaries in the May 1990 Pennsylvania Medicine, (I'm old enough that I read it carefully) "How fleeting time is!"

My old friend Cyrus B. Stease had died. Cy had been a trustee from the Ninth District and chairman of the society's board of trustees. How well I remember his wisdom and patience in trying times.

Could we somehow give him an extra special note or two someplace? He deserves it.

Donald E. Harrop, MD

Dr. Harrop, a past president of PMS, is president of the Keystone Peer Review Organization. The managing editor notes other deaths of leaders in medicine in the first half of 1990 included Drs. Harold G. Scheie, Samuel B. Hadden, and William J. Erdman. It is regretted that time and space considerations permit only the brief notices of deaths now published, even though their lives were those of giants.

Society President Writes on Medicare

In response to a letter from Senator John Heinz, I took the opportunity to share these thoughts with him on the proposed Medicare budget cuts.

Dear Senator Heinz:

We share your concerns over the cuts in the Part B area; nevertheless, we realize the difficult task before the Finance Committee. We hope that the following comments will be helpful in your deliberations and carefully considered.

Federal health policy has zig-zagged the past few years. Solutions offered have proved to be problems. The reimbursement system is a shambles; overregulation is rampant. Physicians are confused, angry, and distrustful of the federal government's continued attempts to cut the reimbursement system even though the (RBRVS) Resource Based Relative Value Scale is on the horizon.

To many physicians the Medicare system has become an adversary. Consequently, Medicare beneficiaries are affected. For example, some doctors have given up nursing home visits because of Medicare prohibitions on care. Also, the intensity of hospital services has increased because the PRO mechanism is unforgiving with respect to readmissions and has induced physicians to change in-hospital practice.

The following comments on the proposed cuts reflect the position of physicians in Pennsylvania.

• *Freeze the customary and prevailing charge updates for non-primary care services.*

Comments: PMS can support an increase in the Medical Economic Index for all physicians as intended in the Medicare Law. Physicians will not support any freeze that singles out physicians. The Society believes that physicians in Pennsylvania are at the point where they will change their practice behavior because of inadequate payment for services and increased "hassle factor."

• *Reduce physician payments for overvalued procedures.*

Comments: The Society has serious reservations about the OBRA 89 reductions and questions who determined what procedures were overvalued and what methods were used to determine values. Organized medicine has supported the implementation of a fee schedule based on RBRVS. There should be a moratorium on any further reductions until this has had a chance to function.

• *Reduce physician payments for overvalued localities.*

Comments: The proposals for reduction of physician payments for overvalued localities are not reasonable. This history of payment reductions was one of the reasons for Congressional support for the implementation of the RBRVS system. Additional cuts, especially with RBRVS implementation in the near future, would be arbitrary and shortsighted. These cuts eliminate the resources that would be available to provide for increased reimbursement for undervalued services and undervalued geographic areas.

• *Reduce radiology and anesthesiology fees.*

Comments: The Society believes that payments for these services are best determined through RBRVS. We further note that there is significant difference in anesthesia care provided by an anesthesiologist and an anesthetist, and strongly oppose basing payment for this care at a single rate.

• *Reduce surgical global fees.*

Comments: While some abuses may occur in the use of surgical assistants, the proposal would jeopardize the quality of care that a Medicare beneficiary may receive. This is especially important with procedures requiring more than one physician, including team procedures and operations when multiple procedures are being performed. Current law prohibits reimbursement for an assistant in a teaching hospital when a resident is available, and mandates prior approval for an assistant at cataract surgery and other selected procedures. This proposal seeks to eliminate reimbursement in most cases for medically necessary assistance. Furthermore, a reduction in surgical global reimbursements at this time is inconsistent with the transition to RBRVS.

• *Expand and make permanent the phase-in of fee increases for new physicians.*

Comments: The Society's position is that physicians' fees should be the same for physicians fully qualified to perform treatment and there should not be a two-tiered payment system. We continue to believe that in an indemnity system schedules should not differentiate based on years in practice. This proposal also discriminates against young physicians whose costs and educational debt load are substantially higher than those of other physicians.

• *Reduce the amount paid for radiology and diagnostic tests.*

Comments: The use of caps and median national charges to establish payment levels is inappropriate as no consideration is given to the actual cost of providing the services in various localities. The Pennsylvania Radiological Society believes that radiologists already have taken a larger share of cuts than other specialists. Additionally, because of comparability in Pennsylvania, radiologists received a 15 percent cut which is significantly greater than the 3 percent proposed under law. Medicare provisions do not address self-referral. It should be pointed out that 38 percent of all outpatient imaging procedures are being done by *non*-radiologists. There

must be some control in this area. The specialty society recommends a supportive role to decrease utilization and support appropriate utilization of high technology. Because radiologists do not order procedures, cutting the fees is not a deterrent. Standards of care being developed by the specialty address this issue.

• *Reduce payments for clinical laboratory services.*

Comments: The use of the national "median" to establish payment levels in areas of high labor and other costs is inequitable. The payment level would be adjusted downward automatically with no consideration of the actual cost of providing the tests.

• *Provide prior authorization authority to carriers.*

Comments: This proposal would result in duplication of effort in that the Peer Review Organization now carries out prior authorization. Giving such authority to the carrier, which in most circumstances lacks medical expertise, would result in increased administrative burden, duplicative effort, and an additional layer of review by untrained personnel. So far, data show that the prior authorization program has picked up only a few procedures that lacked criteria for surgery at the time of submission of the request. The data demonstrate that physicians are doing an excellent job in screening and that the "unnecessary surgery" tag is vastly overstated.

• *Permit a hospital to advertise itself as a "Medicare participating physician medical staff hospital."*

Comments: Permitting hospitals to advertise in this fashion will create a strong incentive for the hospital to pressure the medical staff to do something they choose not to do, thereby disrupting the harmonious working relationship necessary for high quality care. The Medicare participating physician program would be more offensive under this proposal than it is currently in that *all* physicians in the respective specialties would be required to abide by the decision of the majority to "participate." Participating doctors are actually penalized financially by the Medicare system. If anything, the reverse should be true.

Thank you for the opportunity to comment.

J. Joseph Danyo, MD

The writer of the letter to Senator Heinz is president of the Pennsylvania Medical Society and an orthopedic surgeon in York.

Physician Payment Under Medicare

This statement responds to a call for public testimony on proposed cuts in Medicare spending. Others have correctly testified that spending cuts of the size proposed will severely threaten the workability of the relative value study program which Congress enacted last year, even before it is tested. These comments, however, are directed toward some broader aspects of the cost-reduction process.

Dividing the Cuts Between Medicare A and Medicare B. There had been general anticipation that Medicare cuts would be apportioned between the two segments of the program in rough relation to their size. However, comments from the chair dwelt on the idea that Medicare A had increased only .4 percent while Part B spending increased 8 percent—with the implication that perhaps hospitals should be treated more generously to reward abstemious behavior, while physicians deserve to be treated more harshly because of profligacy. Alternative interpretations are certainly possible, including the possibility that the compressibility of a program is related to the amount of water it contains.

Dr. Gail Wilensky, new as head of the Health Care Financing Administration, might be asked to check out a remark recently made by HCFA's Philadelphia regional administrator. Payments to hospitals by the program are now more than 50 percent based on cost-reimbursement. Most people are surprised to learn this, since there is general misconception that hospitals are entirely paid by the DRG prospective pricing methodology. A mixed methodology permits no one to conclude safely that the incentives of the DRG system are determinative of spending results. A mixed methodology creates a powerful incentive to shift costs to the cost-plus half of it, while extracting profits from the prospective prices. Not only is this likely to occur in the attribution of indirect overhead, but shifting also occurs in the ingredients of the health care process. Tests and procedures formerly thought

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normal within the hospitalization are increasingly performed pre- and post- hospitalization, thereby making the DRG payment more profitable, and shifting the program attribution from Part A to Part B. It would be a supreme irony to discover from future HCFA data (now lagging several years behind) that a substantial portion of the 8 percent increase in Part B is attributable to hospitals rather than physicians. Allowing a program as large as this one to run so far ahead of its data analysis is cause for great dismay.

The Source of Volume Increases. The primitive state of HCFA data analysis permits assertions to be voiced without fear of quick contradiction. It does seem to make mathematical sense that total program costs could only rise because of rising volume of items, since prices of items have been frozen for several years. To the extent new procedures make up the postulated volume increment, almost no one would wish to constrain them, since new "miracle" treatments have typically overcome strenuous efforts of the Food and Drug Administration or peer reviewed journals to evaluate them. As such, they have survived the most rigorous outcomes analysis. Obsolete treatments should, of course, be eliminated forthwith, but it is unrealistic to suppose that obsolete procedures are increasing 8 percent a year. Therefore, Congress must face the uncomfortable idea of substantially reducing the volume of established, traditional, procedures and practices. Neither the patients nor the practitioners are likely to treat this idea warmly.

Physicians have not provoked volume increases—Congress has provoked volume increases, by relentless attrition of deductibles, copayments and balance billing. All of the foregoing introduce volume restraints through patient financial participation in the cost of care. Recent Congressional cost-escalating activity has centered on coerced assignment of claims, where it is easy to demonstrate a statistical relation between volume-increase and elimination of balance billing. After all, it makes little difference whether the patient pays $75 as a deductible, or pays $75 as a balance-bill. If the president and Congress wish to reduce the government cost of Medicare, as distinguished from merely wishing to make budgetary expenditure cuts, a rise in the deductibles is long overdue and mandatory assignment is highly counter-productive. Limiting the Medicare pain to the patient-participation approach for a single year would have the salutory effect of establishing a clear demonstration of the effectiveness of patient co-payment as a volume restraint. And meanwhile it could achieve the necessary budget-balancing without undermining the RVS system before it starts.

Administrative Reform. Recent events in central and eastern Europe have demonstrated how futile it is to run massive enterprises with centralized micromanagement. As regulation fails, it escalates to tyranny; tyranny then destroys the enterprise. Proposals like the recent one from the Institute of Medicine to add $600 million to the PRO program, which evoked sympathetic echoes at the hearing, are difficult to relate to the subject of cost cutting.

Having said that, there are still a number of available ways of reducing the very large administrative costs of the control apparatus to be found in the last few Omnibus Reconciliation Acts. Electronic claims processing, electronic funds flow, cross-over billing, piggybacking of claims are merely a few examples of techniques presently available but untried as the fiscal intermediaries contend with mountains of paper. The development of a computerized claim process which includes physicians within the electronic environment would have far more beneficial effect than merely reducing everyone's administrative costs. If physicians, for whatever reason, buy and learn to use computers the subsequent scientific spill-over would position this committee as a major contributor to better and more abundant high quality medical care.

Reversing Financial Disincentives for Preventative Medicine. No one at the hearing mentioned the possibility that national investment in preventive medicine or promotion of more healthful public lifestyles might have long-term benefit for the federal budget. Perhaps that was an oversight, or perhaps there is enough general sophistication to recognize that federal programs presently create a strong disincentive for such an approach. If people live longer, it is necessary to make Social Security payments for a longer period. If they recover from one illness, they inevitably live on to develop another one at Medicare expense. What we have here is a monstrous incentive system, which amounts to presenting Congress with the dilemma of bankrupting the government whenever it seeks to improve public health.

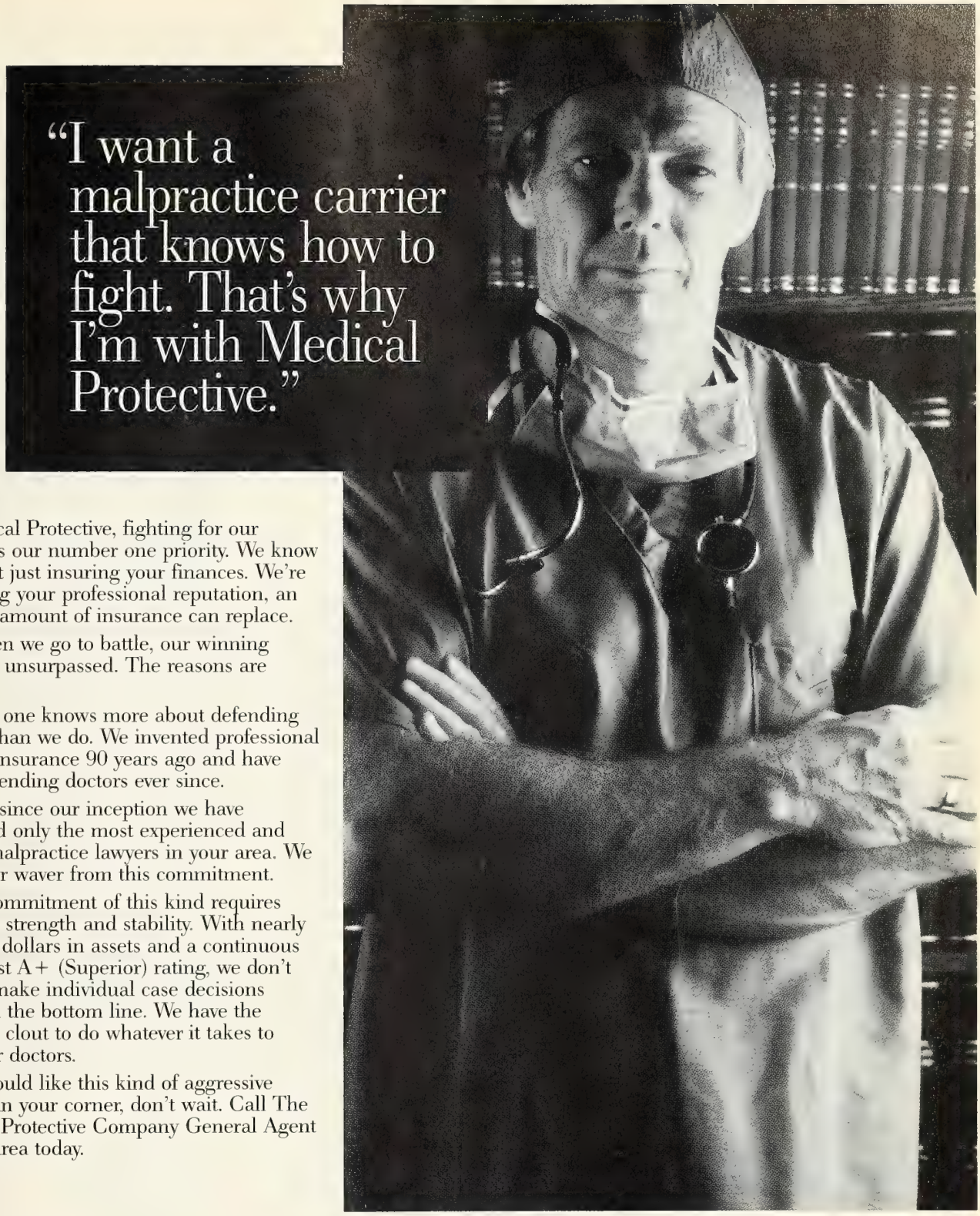
The most facile way of reversing this disincentive is to substitute a prefunded system for the present pay-as-you-go approach. That is to say, the power of compound interest accumulation could provide revenue, increasing with increased longevity, to match the heightened expenditures which likewise adhere to longevity improvement. Senator Moynihan has alerted everyone to some problems inherent in "overfunding" a pay-as-you-go system, which I will not address beyond observing that devolving the systems to private IRAs would seem a readily available remedy. Practical solutions to pre-funding complexities will likely emerge quickly once the urgent need is acknowledged.

Summary. This letter supports ideas which others introduced into the hearing: (1) The HCFA data system does not permit the conclusions which have been based on it, particularly that some physicians deserve harsher budget cuts than the rest of the system; (2) Disruption of the RVS system so soon would be counter-productive; and (3) Administrative streamlining of the program is badly needed.

The main thrust of this testimony is that line-item budget cuts, whether targeted or across-the-board, are not the best way to save money in the Medicare program. (4) Rather, a serious reapplication of patient financial restaints (whether deductibles, copayments or balance-billing) should be attempted. (5) The payment system should actually receive an investment to enlarge the computer environment to include physicians' offices, for reduced cost in future years. (6) The funding system should be redirected so the power of compound interest can take advantage of improved longevity, rather than putting Congress in the present deplorable position of condemning longevity because it costs so much.

George Ross Fisher, MD

Dr. Fisher, an internist who practices in Philadelphia, is trustee representing the First District and a member of the Pennsylvania Delegation to the AMA. He is the author of the book, "The Hospital that Ate Chicago."



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THE NATURAL COURSE OF HIV INFECTIONS

George J. Pazin, MD

Except for an understanding of transmission or acquisition of human immunodeficiency virus (HIV), knowledge of the natural history of HIV infections offers the greatest appreciation for the significance of being infected. With an overview of the natural course of HIV infection, observers have a foundation on which to build knowledge of this most important infection.

In general, the natural course of infection with HIV can be divided into four parts: 1) acquisition of the virus, 2) initial infection, 3) subclinical asymptomatic infection and 4) symptomatic disease. The latter is manifested as mild to moderate constitutional signs or symptoms referred to as AIDS-related complex (ARC) or clinically more significant disease which meets the criteria of acquired immunodeficiency syndrome (AIDS).

Acquisition

The acquisition phase of HIV infection was discussed in greater detail in installments four through eight of this series. In installment four, I pointed out that acquisition of infection with HIV involves 1) susceptibility of the uninfected person—basically always present, 2) exposure to the virus—necessary for infection, but not sufficient for infection in itself and 3) inoculation of the virus into the body or onto a mucosal membrane—accomplished by risky behaviors such as unprotected sexual intimacy, needlesharing, and the like. Since I wrote the fourth installment, I have added an additional component to my transmission-acquisition concept. The fourth element is attachment to a viral receptor which in the case of HIV is a structure on the cell membrane of helper lymphocytes called the CD4 receptor.

Why bother to add the element of attachment to the CD4 receptor to my transmission-acquisition concept? Because the requirement for attachment to a CD4 receptor—which seems to be present only on a limited number of cells in the body, e.g. CD4 lymphocytes, macrophages, monocytes, tissue macrophages (langerhans cells), central nervous system glial cells and supposedly eosinophils—helps explain the low contagiousness of HIV. Since the number of cells containing CD4 receptors on the surface is limited, the requirement for attachment to a CD4 receptor makes acquisition of HIV infection a somewhat chance occurrence; in fact, a relatively low probability event, but one which is very serious and dangerous if it occurs. I emphasize that, rather than a break in the skin or a lesion on a mucosal membrane, attachment to a receptor which has limited availability is the reason spread of HIV is a low probability, relatively inefficient process—thank goodness.

It is fortunate that transmission or acquisition of HIV are relatively low probability events. But it is important to acknowledge and emphasize that spread

Acquisition

Susceptibility (everyone, anytime)
+
Exposure to human immunodeficiency virus (HIV)
+
Innoculation into body via risky behaviors
+
Attachment to CD4 receptors

LOW probability, but HIGHLY dangerous event

Contagiousness

of HIV is a chance event that is "all-or-none" and "only takes once."

Infection

Assuming that a susceptible person—and we're all susceptible—has been exposed to HIV; the risky behavior has led to the virus being inoculated into the person; and the virus has by chance attached to a CD4 receptor, then a "TAKE" has occured and the person has been infected. The first phase of the infection process is totally inapparent. The virus is taken into the cell where it is uncoated. The genetic material from the virus is then reverse copied into DNA, genetic material which is randomly incorporated or "integrated" into the DNA or genetic material of the infected cell of the newly-infected person. Once the viral-coded DNA has been integrated into the cellular DNA, the cell, and in turn the person, becomes infected for life.

Some portion, about 50–85 percent, of HIV-infected persons, will experience a non-specific viral syndrome about 2–3 weeks after the infection is acquired. By this I mean that the newly infected person may develop fever, myalgias (muscle aches), malaise (a tired "sick" feeling), lymphadenopathy (swollen lymph glands) and perhaps a rash or diarrhea. This non-specific viral syndrome subsides naturally in 3–6 weeks. Although some newly infected persons experience the non-specific viral syndrome, which seems like many other viral illnesses, many newly infected persons do not recall a viral syndrome. Thus, the newly acquired lifelong infection may be totally inapparent. All HIV-infected persons remain infectious to intimate contacts and needlesharing contacts throughout their lives.

Usually within six weeks to three months of acquisition of infection with HIV, the newly infected person will develop antibodies to HIV. A few persons may require up to six months or more to develop antibodies to HIV, but this is the exception rather than the rule. A particularly astute physician can use the development of antibodies to HIV to differentiate infection with HIV from other non-specific viral syndromes. Note that development of antibodies does not occur in response to mere exposure to HIV but requires infection. Of course, the HIV-infected person continues to be potentially infectious to intimate contacts and needlesharing contacts.

Subclinical phase

After the initial infection occurs, which may be inapparent, unrecognized or manifested as a non-specific viral syndrome, and antibodies have developed, the infection naturally enters a subclinical phase in which the HIV-infected person shows no signs or symptoms of infection, i.e. is asymptomatic. The HIV-infected asymptomatic person continues to show HIV present in peripheral blood mononuclear cells circulating in the blood, as well as in the plasma. Therefore, despite seeming well from a clinical standpoint, the HIV-infected person must be considered infectious to intimate or needlesharing contacts.

Duration of this subclinical asymptomatic phase varies from person to person. The most frequent question asked by HIV-infected persons is, "Will I develop AIDS and how long will it take?" My best answer to this critical question is: Nothing much happens for 1–2 years, then about 6 percent of HIV-infected persons progress on to AIDS each year thereafter.

Common sense says that the HIV-infected persons should maintain sensible health measures such as a balanced diet, adequate exercise, rest, and reasonable stress reduction, but the benefits of these reasonable health measure should not be exaggerated lest HIV-infected persons blame themselves if their infection progresses to a symptomatic phase. Now that early intervention therapy during the subclinical asymptomatic phase has been demonstrated to delay progression to symptomatic phases, (reduces progression by approximately 50 percent and in turn delays progression for about 6–7 months) it is recommended that CD4 lymphocyte counts be obtained periodically as a guide to when zidovudine (formerly known as AZT) should be instituted. Early intervention therapy will be discussed in detail in subsequent installments of this series.

THE NATURAL COURSE OF HIV INFECTION

Infection		Subclinical			Disease
"TAKE"	Inapparent or Unrecognized or Non-specific viral syndrome (at 2-3 weeks, for 2-6 weeks)	Asymptomatic	1-2% progression over 2 years then 4-6% progression per year thereafter	CD4 decreases 100 per year (50-200/year)	Constitutional signs & symptoms "Opportunistic" infections and/or tumors
Latent integrated "provirus" stage detected by PCR				Direct viral injury	Wasting
	Development of antibodies to HIV at 6-12 weeks, rarely 6 mo. ±	Infection	ZDV delays progression		Neurological disease
				Saroreversion (1 per 250)	Latent "provirus" stage (PCR +)

+ HIV in blood cells and plasma ++

? +/– ? +++

Progression to AIDS

At least two processes are occurring during the asymptomatic subclinical phase which account for eventual progression to AIDS. One mechanism of progression to AIDS is a gradual, progressive decline in the number of CD4 lymphocytes, which are central players in the cell-mediated immune system. When the function of the cell-mediated immune system declines sufficiently, certain internal infections which had been under control reactivate. These cause the "opportunistic" infections which characterize AIDS. Tumors, under the circumstances also considered "opportunistic," may also develop.

The second mechanism of disease production during the asymtomatic phase is a more direct injury seemingly due to the human immunodeficiency virus itself.

The last phase of HIV infection is composed of the constitutional signs and symptoms which we call AIDS-related complex (ARC), or the opportunistic infections and tumors, wasting or neurological disease which we call AIDS. It must be emphasized that a formal diagnosis of AIDS is not an immediate death sentence. Whereas previously the lifespan after diagnosis of AIDS was often 1–2 years, improved management of opportunistic infections has resulted in a modest, but limited, improvement in prognosis.

The figure also refers to the observation that one HIV-infected person per 250—actually four in 1,000 asymptomatic infected persons—have reverted to negativity on blood testing. Although these four men also had negative cultures for HIV, they remained positive for latent "provirus" on polymerase chain reaction (PCR) testing. The eventual outcome for these rare persons is uncertain at this time.

In summary, the natural course of infection with HIV consists of acquisition, which is the result of susceptibility of the person; exposure to the virus; inoculation into the body via risky behavior; and chance attachment to a cell having the CD4 receptor. Once infection has occurred, the virus remains in the body for the remainder of the infected person's life. After a transient, non-specific, viral-like syndrome, the infection enters an asymptomatic subclinical phase during which the cell-mediated immune system is damaged, or the virus injures the central nervous system, or causes striking weight loss called wasting. Despite treatment, the disease seems invariably to lead to the person's eventual demise. While the course of the infection is generally slow, from a couple to 10 or more years, that is a relatively short timespan when dealing with young adults.

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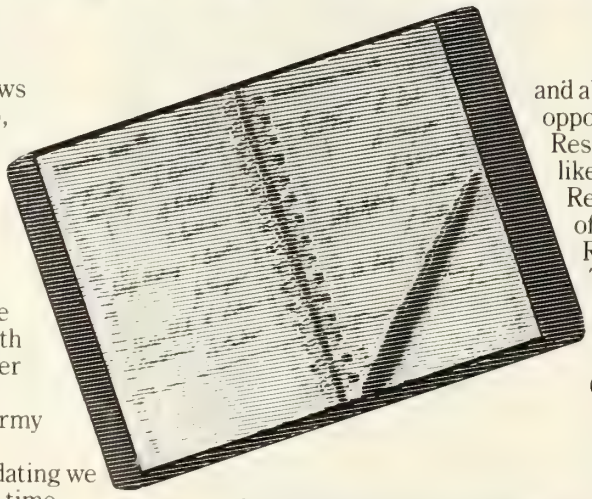

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References

1. USP DI Update, September/October 1988, p 120.
2. Br J Clin Pharmacol 1985;20:710-713.
3. Data on file, Lilly Research Laboratories.
4. Scand J Gastroenterol 1987;22(suppl 136):61-70.
5. Am J Gastroenterol 1989;84:769-774.

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Axid was not mutagenic in a battery of tests performed to evaluate its potential genetic toxicity, including bacterial mutation tests, unscheduled DNA synthesis, sister chromatid exchange, mouse lymphoma assay, chromosome aberration tests, and a micronucleus test.

In a two-generation, perinatal and postnatal fertility study in rats, doses of nizatidine up to 650 mg/kg/day produced no adverse effects on the reproductive performance of parental animals or their progeny.

Pregnancy—Teratogenic Effects—Pregnancy Category C—Oral reproduction studies in rats at doses up to 300 times the human dose and in Dutch Belted rabbits at doses up to 55 times the human dose revealed no evidence of impaired fertility or teratogenic effect; but, at a dose equivalent to 300 times the human dose, treated rabbits had abortions, decreased number of live fetuses, and depressed fetal weights. On intravenous administration to pregnant New Zealand White rabbits, nizatidine at 20 mg/kg produced cardiac enlargement, coarctation of the aortic arch, and cutaneous edema in one fetus, and at 50 mg/kg, it produced ventricular anomaly, distended abdomen, spina bifida, hydrocephaly, and enlarged heart in one fetus. There are, however, no adequate and well-controlled studies in pregnant women. It is also not known whether nizatidine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Nizatidine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers—Studies in lactating women have shown that 0.1% of an oral dose is secreted in human milk in proportion to plasma concentrations. Because of growth depression in pups reared by treated lactating rats, a decision should be made whether to discontinue nursing or the drug, taking into account the importance of the drug to the mother.

Pediatric Use—Safety and effectiveness in children have not been established.

Use in Elderly Patients—Healing rates in elderly patients were similar to those in younger age groups as were the rates of adverse events and laboratory test abnormalities. Age alone may not be an important factor in the disposition of nizatidine. Elderly patients may have reduced renal function.

Adverse Reactions: Clinical trials of varying durations included almost 5,000 patients. Among the more common adverse events in domestic placebo-controlled trials of over 1,900 nizatidine patients and over 1,300 on placebo, sweating (1% vs 0.2%), urticaria (0.5% vs <0.01%), and somnolence (2.4% vs 1.3%) were significantly more common with nizatidine. It was not possible to determine whether a variety of less common events was due to the drug.

Hepatic—Hepatocellular injury (elevated liver enzyme tests or alkaline phosphatase) possibly or probably related to nizatidine occurred in some patients. In some cases, there was marked elevation (>500 IU/L) in SGOT or SGPT and, in a single instance, SGPT was >2,000 IU/L. The incidence of elevated liver enzymes overall and elevations of up to three times the upper limit of normal, however, did not significantly differ from that in placebo patients. Hepatitis and jaundice have been reported. All abnormalities were reversible after discontinuation of Axid.

Cardiovascular—In clinical pharmacology studies, short episodes of asymptomatic ventricular tachycardia occurred in two individuals administered Axid and in three untreated subjects.

CNS—Rare cases of reversible mental confusion have been reported.

Endocrine—Clinical pharmacology studies and controlled clinical trials showed no evidence of antiandrogenic activity due to nizatidine. Impotence and decreased libido were reported with equal frequency by patients on nizatidine and those on placebo. Gynecomastia has been reported rarely.

Hematologic—Fatal thrombocytopenia was reported in a patient treated with nizatidine and another H_2-receptor antagonist. This patient had previously experienced thrombocytopenia while taking other drugs. Rare cases of thrombocytopenic purpura have been reported.

Integumental—Sweating and urticaria were reported significantly more frequently in nizatidine- than in placebo-treated patients. Rash and exfoliative dermatitis were also reported.

Hypersensitivity—As with other H_2-receptor antagonists, rare cases of anaphylaxis following nizatidine administration have been reported. Because cross-sensitivity among this class has been observed, H_2-receptor antagonists should not be administered to those with a history of hypersensitivity to these agents. Rare episodes of hypersensitivity reactions (eg, bronchospasm, laryngeal edema, rash, and eosinophilia) have been reported.

Other—Hyperuricemia unassociated with gout or nephrolithiasis was reported. Eosinophilia, fever, and nausea related to nizatidine have been reported.

Overdosage: Overdoses of Axid have been reported rarely. If overdosage occurs, activated charcoal, emesis, or lavage should be considered along with clinical monitoring and supportive therapy. Renal dialysis for four to six hours increased plasma clearance by approximately 84%.

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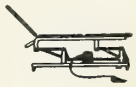

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ADVERTISING INDEX

Bertholon Rowland Agencies **5**

Capital Health System **48**

Cutter Biological **21**

Dodson Insurance Group **51**

Eli Lilly Company **47**

Fulton, Longshore & Associates **49**

Graduate Health System **41**

ICN Pharmaceuticals **29**

Interstat **49**

Jeanes Hospital **48**

Jefferson Surgery Center **13**

Medical Directors Advancements Council **39**

Medical Personnel Pool **19**

Medical Protective Co. **43**

NYU Post Graduate Medical School—**25**

Orion Systems **23**

Palisades Pharmaceuticals **23**

Pennsylvania Blue Shield **26–27**

Physician Support Systems **11**

Physicians' Health Programs **12**

Physicians Insurance Co. **15**

PMS Liability Insurance Company **3**

Roche Laboratories **Covers 3, 4**

Rocky Mountain Safaris **25**

Shadyside Hospital **22**

Shared Medical Systems **17**

Specialized Computer Systems **37**

St. Christopher's Hospital **1**

U.S. Air Force **49**

U.S. Army Reserve **46**

Wasserott's **7**

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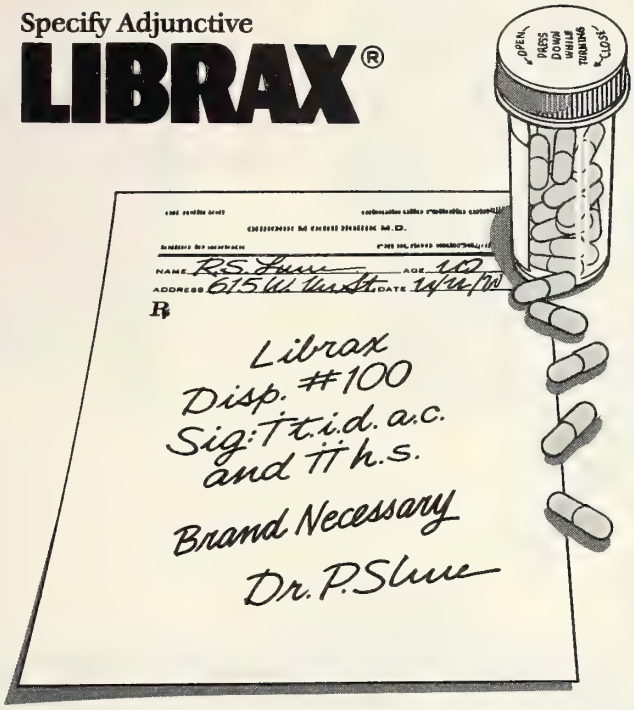

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Antianxiety
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Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium bromide.

Please consult complete prescribing information, a summary of which follows:

* **Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows: "Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.
Final classification of the less-than-effective indications requires further investigation.

Contraindications: Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlordiazepoxide HCl and/or clidinium Br.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving).

Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become pregnant.**

As with all anticholinergics, inhibition of lactation may occur.

Withdrawal symptoms of the barbiturate type have occurred after discontinuation of benzodiazepines (see Drug Abuse and Dependence).

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established. Inform patients to consult physician before increasing dose or abruptly discontinuing this drug.

Adverse Reactions: No side effects or manifestations not seen with either compound alone reported with Librax. When chlordiazepoxide HCl is used alone, drowsiness, ataxia, confusion may occur, especially in elderly and debilitated; avoidable in most cases by proper dosage adjustment, but also occasionally observed at lower dosage ranges. Syncope reported in a few instances. Also encountered: isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent, generally controlled with dosage reduction; changes in EEG patterns may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice, hepatic dysfunction reported occasionally with chlordiazepoxide HCl, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax typical of anticholinergic agents, *i.e.*, dryness of mouth, blurring of vision, urinary hesitancy, constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

Drug Abuse and Dependence: Withdrawal symptoms similar to those noted with barbiturates and alcohol have occurred following abrupt discontinuance of chlordiazepoxide; more severe seen after excessive doses over extended periods; milder after taking continuously at therapeutic levels for several months. After extended therapy, avoid abrupt discontinuation and taper dosage. Carefully supervise addiction-prone individuals because of predisposition to habituation and dependence.

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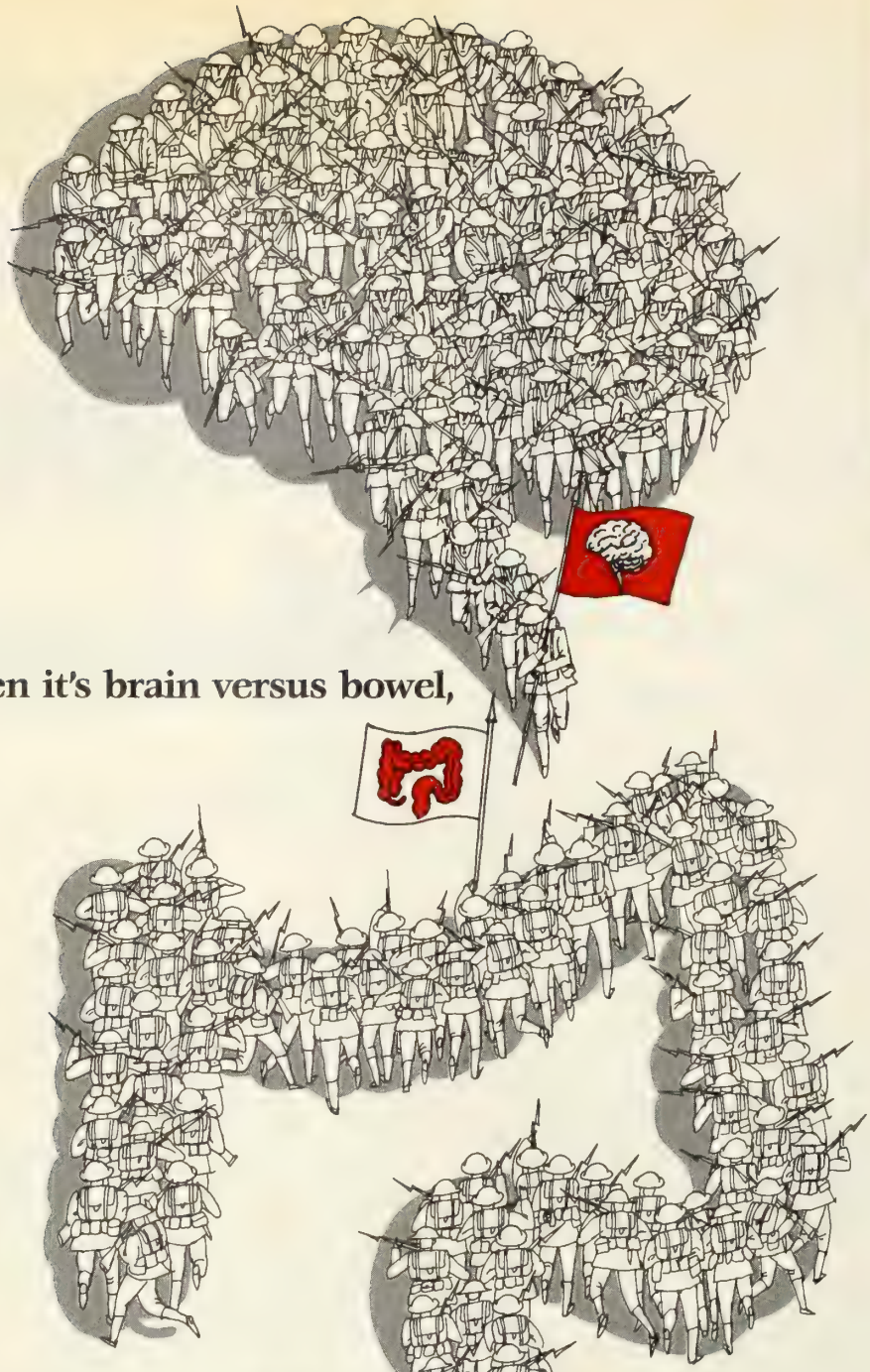

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Please see summary of prescribing information on adjacent page.

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VOLUME 93, NUMBER 8

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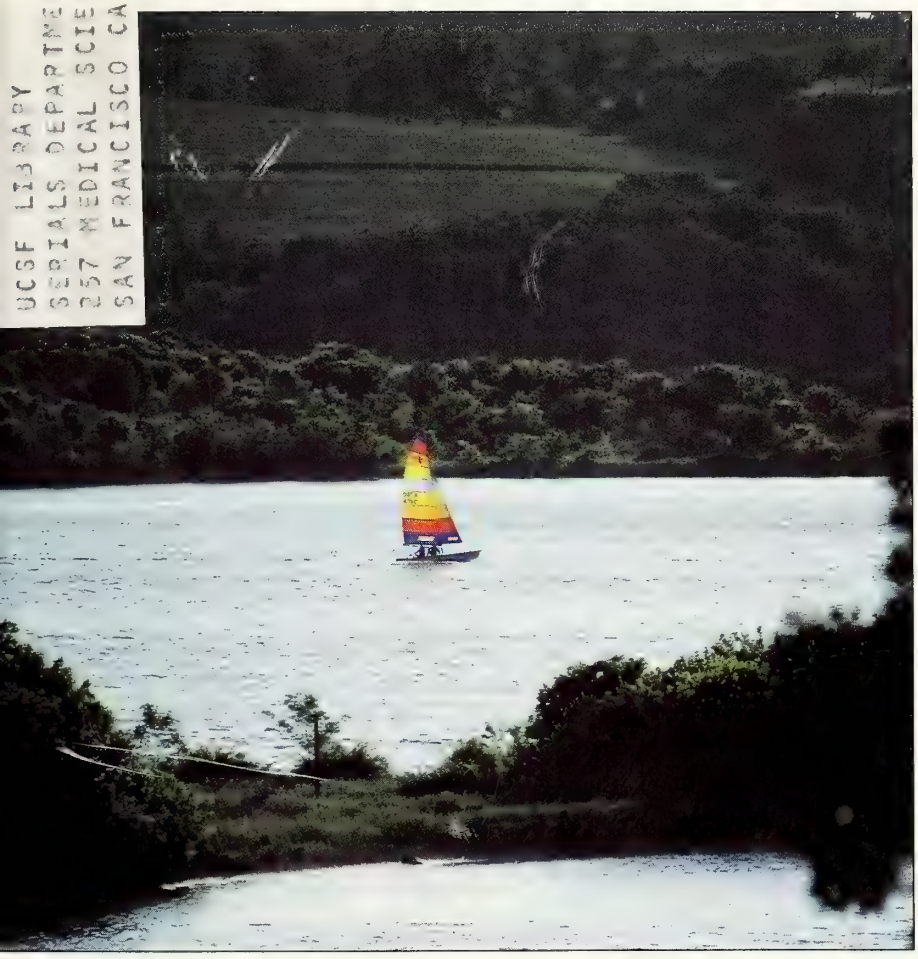

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AUGUST 1990

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TABLE OF CONTENTS

CALL TO MEETING
18 Official Call—1990 House of Delegates

MEDICAL SOCIETY OFFICERS
34 Pennsylvania Medical Society
36 County Medical Societies
46 Medical Specialty Societies

HEALTH CARE INFORMATION
52 Washington Information
54 Pennsylvania Health Agencies

MEMBERSHIP DIRECTORY 1990-91
69 Member Specialty Codes and Statistics
71 Membership by County
173 Membership Alphabetically

DEPARTMENTS
52 Advertisers Index
62 Classified Advertising

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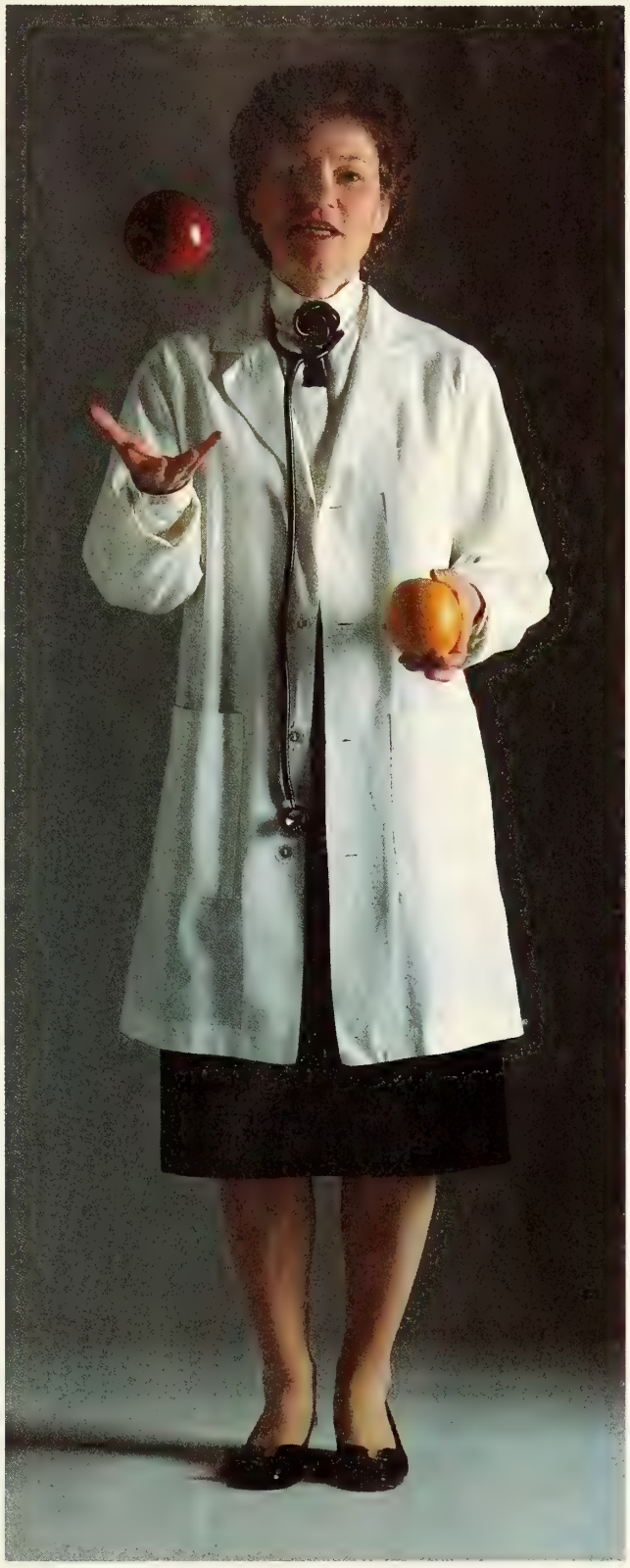
Dr. Sarah Long weighs the difference between the old and the new St. Christopher's Hospital for Children.



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Cardiology in the 90's
Wednesday, September 19, 1990

7th Annual Neuro-Ophthalmology Seminar
Wednesday, September 26, 1990
Danville Days Inn

Rehabilitation of the Trauma Patient
Friday, September 28, 1990

Poison Update
Wednesday, October 3, 1990

Advanced Cardiac Life Support Instructor Course
Friday & Saturday, October 5 & 6, 1990

Diabetes Update: 1990
Wednesday, October 10, 1990
Danville Days Inn

4th Annual Horizons in Cardiac Rehabilitation
Friday, October 12, 1990

Advanced Cardiac Life Support Provider Course
Friday, Saturday, Sunday, October 19-21, 1990

Advanced Cardiac Life Support Recertification Course
Saturday, November 3, 1990

Pediatric Update: Advances in Medical and Surgical Management of Children with Chronic Diseases
Thursday, November 8, 1990
Mountain Laurel Resort, White Haven, PA

Advanced Trauma Life Support Provider Course
Friday & Saturday, November 9 & 10, 1990

Update in Rheumatology
Wednesday, November 14, 1990

Pediatric Advanced Life Support Provider Course
Thursday & Friday, November 15 & 16, or November 29 & 30, 1990

Advanced Trauma Life Support Instructor Course
Friday, Saturday & Sunday, December 7–9, 1990

Advanced Trauma Life Support Provider Course (ATLS)
Friday & Saturday, January 11 & 12, 1991

Winter Update in Gastroenterology
Tuesday, Wednesday, Thursday, January 22–24, 1991
Seven Springs Resort, Champion

Advanced Cardiac Life Support Instructor Course
Friday & Saturday, February 1 & 2, 1991

16th Annual Concepts in Clinical Practice
Saturday & Sunday, February 9 & 10, 1991
Location to be announced

Advanced Cardiac Life Support Provider Course
Friday, Saturday, Sunday, February 22–24, 1991

Emergency Medicine Update
Wednesday, February 27, 1991

Contemporary Issues in Internal Medicine
Wednesday, March 6, 1991

Advanced Traumas Life Support Provider Course (ATLS)
Friday & Saturday, March 8 & 9, 1991

ENT for the Family Practitioner
Wednesday, March 13, 1991

Advanced Cardiac Life Support Recertification Course
Saturday, March 16, 1991

Family Practice Update: '91
Wednesday, March 20, 1991

Dermatology Update
Wednesday, April 3, 1991

Pediatric Advanced Life Support Provider Course
Thursday & Friday, April 4 & 5, or April 18 & 19, 1991

Acute & Chronic Lung Infections: Diagnosis & Management
Wednesday, April 10, 1991

Symposium in Obstetrics & Gynecology
Wednesday, April 17, 1991

Neuro-Imaging Update
Saturday, April 20, 1991
Danville Days Inn

Impotence: Evaluation & Treatment Options
Wednesday, April 24, 1991

6th Annual Sight Loss Support Group Meeting
Wednesday, May 1, 1991
Danville Days Inn

Ischemic Hypertension & Renal Failure: Current Concepts
Wednesday, May 8, 1991

5th Annual Symposium in Clinical Medicine
Tuesday-Friday, June 18–21, 1991
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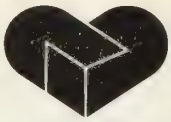

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August
25 — *Menopause: New Insights into Management*
Stouffer Harborplace Hotel, Baltimore, Maryland

September
14 — *Current Concepts in Ophthalmology: 10th Annual Clinical Conference*
Columbia Inn, Columbia, Maryland

October
6 - 7 — *6th Annual Contact Lens Symposium*
Stouffer Harborplace Hotel, Baltimore, Maryland

18 — *Dean's Conference Number 1*
University of Maryland at Baltimore Campus, Baltimore, Maryland

November
16 — *Sudden Infant Death Syndrome: Progress, Puzzles and Possibilities*
Columbia Inn, Columbia, Maryland

29 — *Dean's Conference Number 2: Clinical Medicine for the Community Physician*
Cambridge, Maryland

December
7 - 8 — *Cancer in the Socioeconomically Disadvantaged: Models for Intervention*
Stouffer Harborplace Hotel, Baltimore, Maryland

SPRING - 1991

January
24 — *Dean's Conference Number 3*
University of Maryland at Baltimore, Baltimore, Maryland

February
21 — *Dean's Conference Number 4*
University of Maryland at Baltimore, Baltimore, Maryland

March
21 — *Dean's Conference Number 5*
University of Maryland at Baltimore, Baltimore, Maryland

April
25 — *Dean's Conference Number 6: Clinical Medicine for the Community Physician*
Hagerstown, Maryland

June
7 - 8 — *Current Practical Concepts in Endocrinology & Metabolism*
Harbor Court Hotel, Baltimore, Maryland

28 - 30 — *Dermatology Days*
Carousel Hotel,Ocean City, Maryland

23 - 28 — *17th Annual Family Medicine Review Course*
Carousel Hotel, Ocean City, Maryland

27 - 28 — *10th Annual Update in Obstetrics and Gynecology*
Annapolis, Maryland

For Information Contact: Program of Continuing Education, University of Maryland School of Medicine, Room 14-011, 655 W. Baltimore Street, Baltimore, Maryland 21201. 301/328-3956

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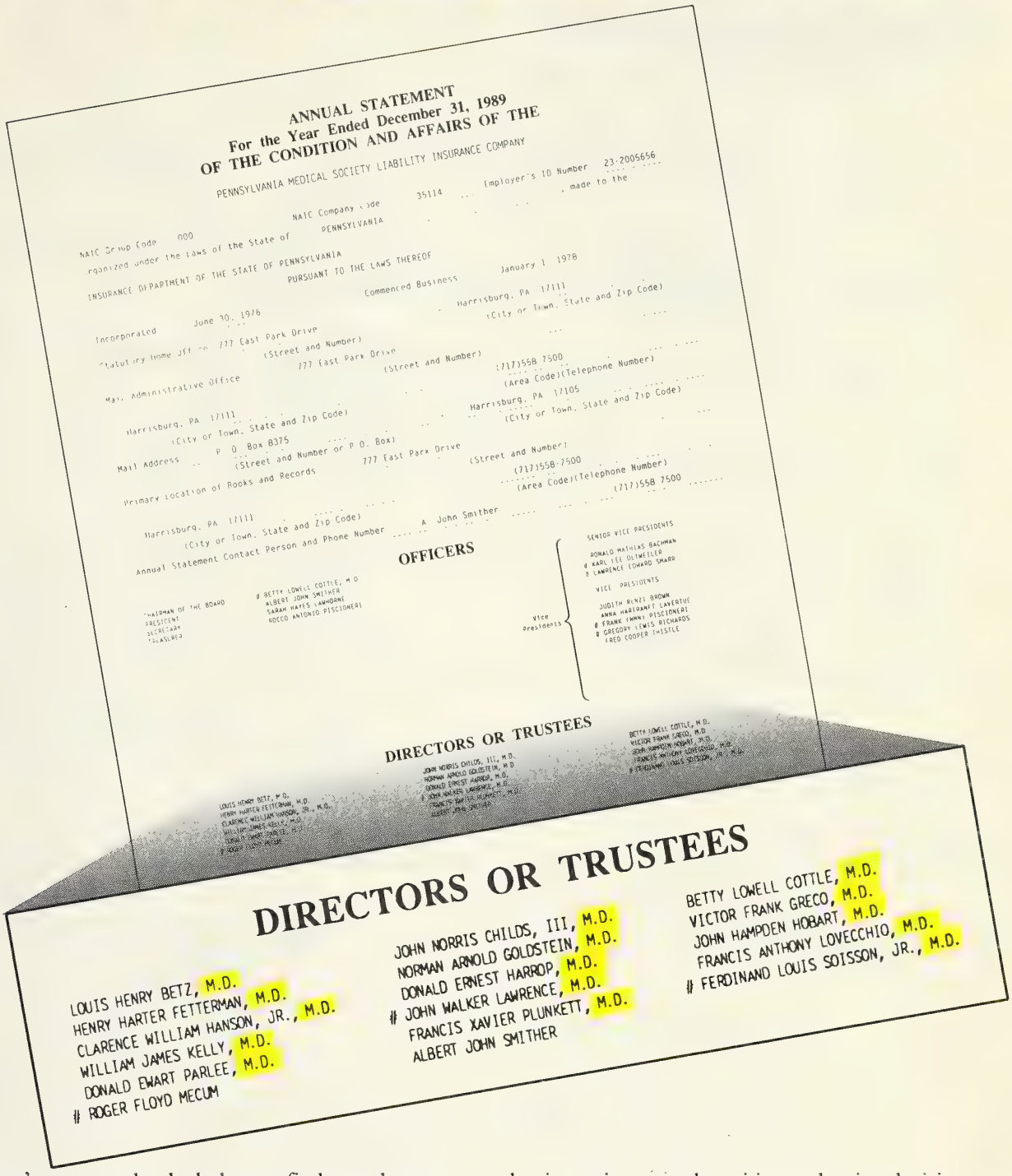
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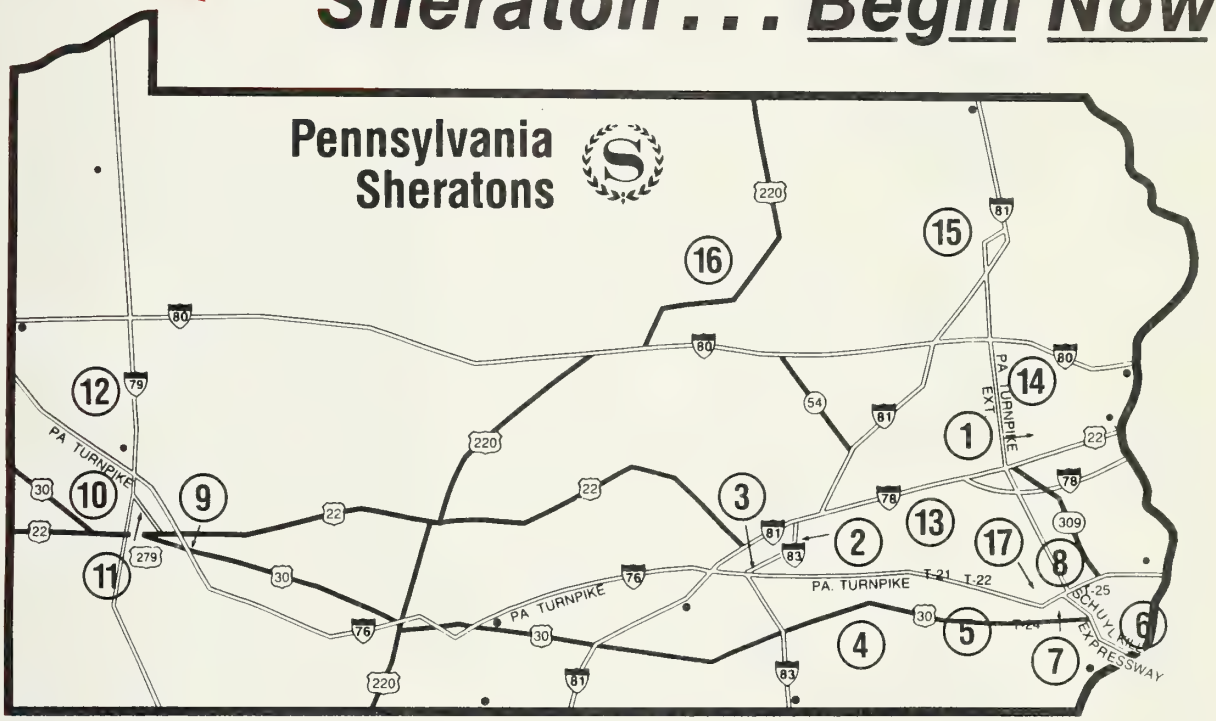

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OFFICIAL CALL TO 1990 MEETING

The 1990 annual meeting of the House of Delegates of the Pennsylvania Medical Society will be called to order at the Hershey Lodge and Convention Center, Hershey, Pennsylvania, on Friday, October 19, at 10:00 a.m. The second session of the House of Delegates is scheduled for Saturday, October 20, at 1:00 p.m. The third and concluding session of the House of Delegates will be held Sunday, October 21, at 9:30 a.m.

Elections

In accordance with Chapter XII, Section 1 of the Bylaws of the Pennsylvania Medical Society, the following nominations and/or elections will be in order at the second session, Saturday afternoon, October 20, 1990.

General officers to be elected are a vice president, a speaker of the House of Delegates, and a vice speaker of the House of Delegates.

In accordance with Chapter XIV, Section 5 of the Bylaws, elections will be in order for a trustee for the Second District to succeed John W. Lawrence, MD, Delaware County, who is eligible for reelection; a trustee for the Fourth District to succeed Frederick G. Brown, MD, Montour County, who is eligible for reelection; a trustee for the Fifth District to succeed Herbert C. Perlman, MD, Cumberland County, who is eligible for reelection; a trustee for the Eleventh District to succeed Ferdinand L. Soisson, Jr., MD, Cambria County, who is eligible for reelection; and a trustee for the Medical Student Section to succeed Steven F. Nemerson, who is eligible for reelection.

In accordance with Chapter X, Section 1 of the Bylaws, elections for delegates and alternate delegates to the American Medical Association are in order. In accordance with Standing Rule Number 10 (adopted October 22, 1982), elections for delegates will be held on Saturday afternoon, October 20, 1990, and elections for alternate delegates will be held on Sunday morning, October 21, 1990.

Delegates whose terms expire December 31, 1990 are:

1. R. William Alexander, MD (Berks County)
2. Doris G. Bartuska, MD (Philadelphia County)
3. Joseph B. Blood, Jr., MD (Bradford County)
4. Betty L. Cottle, MD (Blair County)
5. James B. Donaldson, MD (Philadelphia County)
6. Charles A. Heisterkamp, III, MD (Lancaster County)
7. Lee H. McCormick, MD (Allegheny County)
8. Donald E. Parlee, MD (Bucks County)
9. Howard A. Richter, MD (Delaware County)
10. Donald H. Smith, MD (Northampton County)

The Committee to Nominate Delegates and Alternates to the AMA makes the following nominations for eleven (11) delegates for two (2) years commencing January 1, 1991 and expiring December 31, 1992:

1. R. William Alexander, MD (Berks County)
2. Richard D. Baltz, MD (Dauphin County)
3. Doris G. Bartuska, MD (Philadelphia County)
4. Joseph B. Blood, Jr., MD (Bradford County)
5. Betty L. Cottle, MD (Blair County)
6. *J. Joseph Danyo, MD (York

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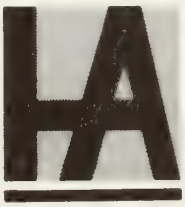

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County)
7. James B. Donaldson, MD (Philadelphia County)
8. Victor F. Greco, MD (Luzerne County)
9. Charles A. Heisterkamp, III, MD (Lancaster County)
10. Thomas J. Kardish, MD (Bucks County)
11. Donald Kaye, MD (Philadelphia County)
12. Lee H. McCormick, MD (Allegheny County)
13. Donald E. Parlee, MD (Bucks County)
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15. Donald H. Smith, MD (Northampton County)

*The Committee does not normally nominate for delegate positions those physicians who have not previously served as alternate delegates; however, in Dr. Danyo's case, he has attended several AMA House meetings and has also been seated as an alternate delegate several times in the past few years when vacancies have occurred.

Alternate delegates whose terms expire December 31, 1990 are:

1. Richard D. Baltz, MD (Dauphin County)
2. Charles J. Cattano, MD (Allegheny County)
3. Donald G. Ferguson, MD (Allegheny County)
4. Joseph F. Girone, MD (Philadelphia County)
5. Victor F. Greco, MD (Luzerne County)
6. Thomas J. Kardish, MD (Bucks County)
7. Donald Kaye, MD (Philadelphia County)
8. Roberta L. Schneider, MD (Montgomery County)
9. Carl A. Sirio, MD (Dauphin County)
10. Vacancy

The Committee to Nominate Delegates and Alternates to the AMA makes the following nominations for ten (10) alternate delegates for two (2) year terms commencing January 1, 1991 and expiring December 31, 1992:

1. Richard T. Bell, MD (Berks County)
2. Winston M. Bryant, Jr., MD (Philadelphia County)
3. Charles J. Cattano, MD (Allegheny County)
4. David L. Cohen, MD (York County)
5. Donald G. Ferguson, MD (Allegheny County)
6. Carl A. Frankel, MD (Dauphin County)
7. Joseph F. Girone, MD (Philadelphia County)
8. Robert M. Kemp, MD (Lancaster County)
9. John A. Malcolm, Jr., MD (Union County)
10. Roberta L. Schneider, MD (Montgomery County)
11. Carl A. Sirio, MD (Dauphin County)
12. Charles D. Tourtellotte, MD (Philadelphia County)
13. Thomas J. Weida, MD (Lancaster County)

The Committee to Nominate Delegates and Alternates to the AMA makes the following nomination for one slotted position for alternate delegate for a medical student for a one-year term commencing June 1, 1991 and expiring May 31, 1992, as stipulated in the proposed Bylaws language contained in the Official Call:

1. Kellen K. Kovalovich (Medical Student Section)

Also to be elected will be two members to serve on the Committee to Nomi-

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OFFICIAL CALL TO 1990 MEETING

nate Delegates and Alternates to the AMA. The term of J. Preston Hoyle, MD, Union County, expires; he is not eligible for reelection. In addition, a vacancy exists on the committee due to the death of Paul J. Poinsard, MD, Philadelphia County. The Board of Trustees, at its May meeting, appointed Wallace G. McCune, MD, Philadelphia County, to serve on the committee until the 1990 Annual Meeting to fill this vacancy.

In accordance with Chapter XVII, Section 2 of the Bylaws, the Board of Trustees nominates the following members for two vacancies on the Judicial Council. For the office now held by George P. Rosemond, MD, Philadelphia County, who is not eligible for reelection, the Board nominates Wallace G. McCune, MD, Philadelphia County; Jonathan E. Rhoads, MD, Philadelphia County; and Charles E. Schlager, MD, York County. For the office now held by D. Ernest Witt, MD, Columbia County, who is eligible for reelection, the Board nominates William J. Kelly, MD, Allegheny County; Michael P. Levis, MD, Allegheny County; and D. Ernest Witt, Columbia County.

Set forth below is the text of the proposed bylaws amendments. Deletions from existing bylaws are indicated by brackets; additions are italicized.

SUBJECT ONE

1. Suggested Bylaws Revisions to Bring the Bylaws Up to Date.

(1-A.) Chapter III—Assessments
Section 2. Annual Assessment . . .

The full annual assessment is to be paid by all members of this Society. Except that:

a. Senior members shall be required to pay 50 percent of the full annual assessment. A senior member is an active member of this Society who is 65 years old or older as of January 1 of the assessment year and who has been an active member of a constituent association of the American Medical Association for a [continuous term] *total* of 30 years. . .

(1-B.) Chapter IX—Committees of the House of Delegates
Section 2. Meeting Committees . . .

b. Rules Committee—This committee shall be appointed by the speaker and consist of five delegates who shall serve in this capacity from the time they are appointed until the adjournment of the meeting for which they are appointed.

This committee shall be responsible for proposing necessary or desirable rules of procedure for the orderly transaction of business at an annual or special meeting of the House of Delegates; the order of business for a special meeting must include any matter set forth in the Official Call to that meeting.

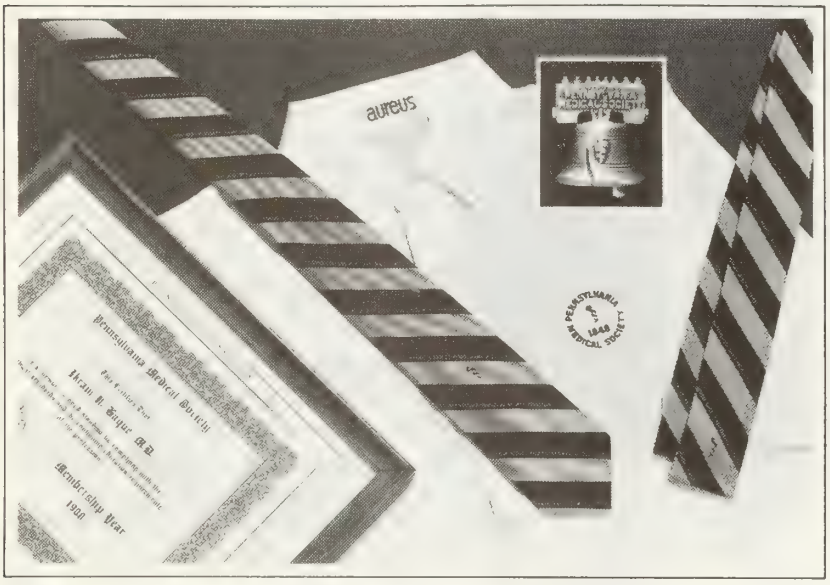
These rules of procedure shall be designated the Standing Rules.

1. The "Order of Business" for the meeting which shall be adopted as the first order of business by a majority vote of the seated delegates.

2. Standing Rules, which remain in effect unless altered or rescinded by the House of Delegates, may be changed at any session of the meeting by a [two-thirds] *majority* vote of the seated delegates.

3. Standing Rules may not conflict with these bylaws.

(1-C.) Chapter XIV—The Board of



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Section 14. Quorum—[Seven] *A majority of the voting* members of the Board of Trustees shall constitute a quorum.

(1-D.) Chapter XIX—Special Sections
Section 1. Resident Physician Section . . .

The section shall elect from among its members (a) a governing council consisting of a chairman, vice chairman, secretary, and seven members-at-large, (b) ten delegates and ten alternate delegates to the Society's House of Delegates, and (c) [two] *one or more* qualified nominees for the position of resident physician trustee to the Society's Board of Trustees who shall be placed in nomination at the Society's House of Delegates by a delegate of the Section. . .

SUBJECT TWO
2. Committee to Nominate Delegates and Alternates to the AMA: The Speaker of the House of Delegates appoint two of the five members of the Committee to Nominate Delegates and Alternates to the AMA, and the charge of the Nominating Committee be restated, as called for in Report P of the Board of Trustees and approved by the 1989 House of Delegates.

Chapter XII—Officers
Section 7. Duties of Officers. . .
i. The speaker of the House of Delegates:
1. shall preside at all meetings of the House of Delegates or designate the vice speaker to do so, and perform such other duties as may be required by these bylaws;
2. shall appoint the members of the Standing Committee on Bylaws and designate its chairman;
3. shall appoint annually two of the five members of the Committee to Nominate Delegates and Alternates to the American Medical Association;
[3] *4.* shall appoint committees of the House of Delegates and designate their chairmen;
[4] *5.* shall determine the number of reference committees and appoint the members of each;
[5] *6.* shall determine the appropriate referral of business items to each reference committee;
[6] *7.* shall be ex officio with the right to vote on the Board of Trustees;
[7] *8.* shall be ex officio without the right to vote in the House of Delegates, unless there is a tie, when he or she is presiding;
[8] *9.* may delegate a chairman to preside at a meeting of the House of Delegates.

Chapter XV—Committees, Administrative Councils and Commissions
Section 2. Standing Committees. . .
e. Committee to Nominate Delegates and Alternates to the American Medical Association—The Committee to Nominate Delegates and Alternates to the House of Delegates of the American Medical Association shall consist of five members, *two members appointed annually by the Speaker of the House and three members* elected by the House of Delegates, to serve [a term of] three year[s.] *terms, with one of the members being elected each year to maintain continuity. The Speaker will appoint the first two vacancies beginning in 1990; in 1991, the House shall elect for a transition two-year term ending in 1993 and a three-year term ending in 1994.* The immediate past president and the Chairman of the Board of Trustees shall serve

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as ex officio members of the Committee without the right to vote. This committee shall select its own chairman annually [immediately upon adjournment of the annual meeting of the House of Delegates] *at its first meeting following the elections.* It shall be the duty of this committee to submit to the House of Delegates a list of nominees for delegates and alternates to the House of Delegates of the American Medical Association who are qualified under the requirements of the American Medical Association to hold such office. In the discharge of this responsibility the committee shall formally request recommendations of nominees from each component society. *The committee shall receive a formal presentation in a timely manner from the Executive Committee of the Pennsylvania Delegation to the American Medical Association.* It shall further be required to publish its list of nominees in the Official Call to the forthcoming House of Delegates meeting wherein the election is to be held. *The committee shall also present a report to the House of Delegates each year regarding its nomination of delegates and alternates to the American Medical Association.* Nothing in this section shall be construed as to prohibit nominations from the floor. Service on the Committee to Nominate Delegates and Alternates to the American Medical Association is limited to [two terms] *six years.*

SUBJECT THREE

3. Merger of Function and Duties of Interspecialty Committee and Specialty Delegation to PMS House of Delegates, as recommended by the Interspecialty Committee and the Committee on Organization and Operation of the Board, and approved by the Board.

Chapter VIII—House of Delegates
Section 3. Composition and Apportionment—The House of Delegates shall be composed of voting delegates and ex officio persons.
a. Voting delegates shall be:. . .
3. A delegate *to the Interspecialty Section* from each specialty/*subspecialty, recognized by the Pennsylvania Medical Society,* organized in Pennsylvania [which is an American Medical Association Board certified specialty;]; such delegate must be an active or associate member in good standing of this Society.

Chapter XIV—The Board of Trustees
Section 5. Nomination and Election of Trustees. . .
Nominations for the specialty society trustee shall be made by voting members of the House representing the *Interspecialty Section which is comprised of representatives from each specialty/subspecialty, recognized by the Pennsylvania Medical Society,* [AMA Board certified specialties] organized in Pennsylvania.

Chapter XIX—Special Sections
Section 6. Interspecialty Section—*Membership in this section shall consist of representatives of national medical specialty/subspecialty societies in Pennsylvania.*

The section shall elect from among its members a chairman and vice chairman. When appropriate, the chairman of the section or his designee shall present to the Society's House of Delegates the names of one or more qualified nominees for election to the position of

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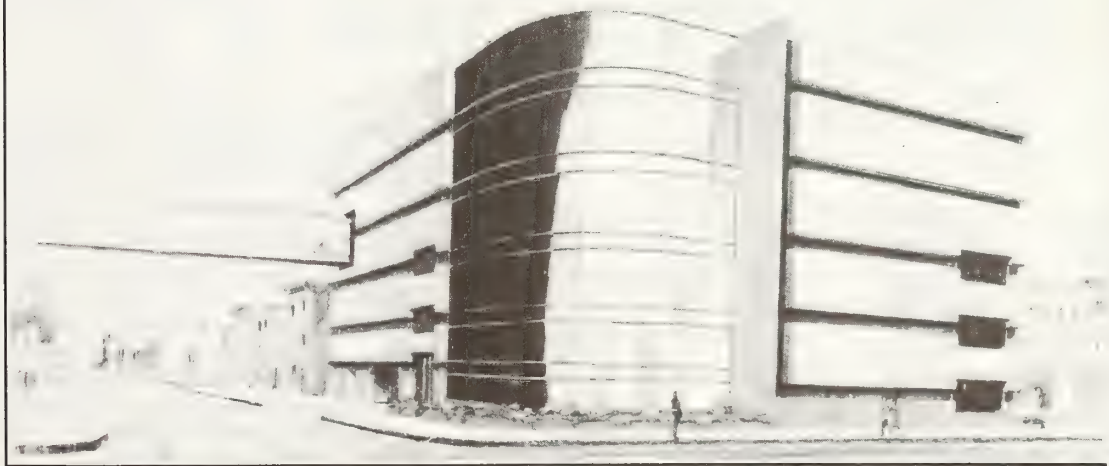

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specialty trustee who shall be placed in nomination at the Society's House of Delegates by the chairman of the section or his designee.

Each specialty/subspecialty, recognized by the Pennsylvania Medical Society, shall be entitled to elect one delegate and one alternate delegate, who shall be active or associate members of PMS, to this section provided that the society representing that specialty/subspecialty establishes to the satisfaction of the House of Delegates that it meets the established representation criteria.

The regular function of this section shall include, but not be limited to, providing a forum for specialty/subspecialty societies to coordinate their activities with those of the Pennsylvania Medical Society and to make PMS aware of matters of specific interest to the specialty/subspecialty societies. To carry out these functions, this section shall meet at the time of the annual meeting of the House of Delegates, at all special sessions of the House of Delegates, and at certain regular intervals throughout the year or as may be called by the section chairman. The section shall develop and distribute to the represented specialties/subspecialties policies and procedures for the conduct of this section, its meetings and functions.

SUBJECT FOUR

4. Slotted Alternate Delegate Position on the Pennsylvania Delegation to the AMA, as called for in substitute Resolution 89-65, which was referred to the Board of Trustees by the 1989 House of Delegates and subsequently referred to the Delegation for consideration and recommendation by the Chairman of the Board. The Board of Trustees at its June 6 meeting approved the recommendation of the Delegation calling for recommendation to the Committee on Bylaws for slotted alternate delegate positions for a student and a resident and that the Medical Student and the Resident Physician Sections each recommend nominees for these slotted positions to the PMS Committee to Nominate Delegates and Alternates to the AMA.

Chapter XV—Committees, Administrative Councils and Commissions
Section 2. Standing Committees. . .

e. The Committee to Nominate Delegates and Alternates to the American Medical Association. . .

It shall be the duty of this committee to submit to the House of Delegates a list of nominees for delegates and alternates to the House of Delegates of the American Medical Association who are qualified under the requirements of the American Medical Association to hold such office. *There shall be one slotted alternate delegate position for a medical student beginning in 1990, and one slotted alternate delegate position for a resident physician beginning in 1991. These nominations shall be made by the respective special section to this committee. The term of both slotted alternate delegate positions shall begin June 1 and end on May 31, with a maximum tenure of two years in the slotted position, so long as the resident physician continues to serve in a residency program approved by the Society, and the medical student continues to be enrolled in an approved medical school.* In the discharge of this responsibility the committee shall formally request recommendations of nominees from each component society. It shall further be required to publish its list of nominees in the Official Call to the forthcoming House of Delegates meeting wherein the election is to be held. Nothing in this section shall be construed as to prohibit nominations from the floor[.]; *provided that only residents or medical students may be nominated for their respective alternate delegate positions. . .*

Chapter XIX—Special Sections
Section 1. Resident Physician Section. . .

The section shall elect from among its members (a) a governing council consisting of a chairman, vice chairman, secretary, and seven members-at-large, (b) ten delegates and ten alternate delegates to the Society's House of Delegates, [and] (c) one or more qualified nominees for the position of resident physician trustee to the Society's Board of Trustees who shall be placed in nomination at the Society's House of Delegates by a delegate of the section, *and (d) one or more qualified nominees for the slotted alternate delegate position to the American Medical Association for recommendation to the Committee to Nominate Delegates and Alternates to the American Medical Association. . .*

Chapter XIX—Special Sections
Section 3. Medical Student Section. . .

The section shall elect from among its members (a) a governing council consisting of a chairman, vice chairman, secretary, and five members-at-large, (b) eight delegates and eight alternate delegates to the Society's House of Delegates. Each delegate and corresponding alternate shall represent a different medical school in this Commonwealth and shall be a student at that school. In the event no qualified delegate is available or will-

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26. Learn about the Physician Recognition Award
27. Find out about CME accreditation
28. Inquire about peer review organizations
29. Obtain latest information about Resource Based Relative Value Scales
30. Request practice management materials
31. Ask ICD-9 coding questions
32. Get CPT coding publications
33. Order ICD-9 publications
34. Obtain health insurance claim forms
35. Order Patient Medication Instruction sheets
36. Get meeting updates during AMA House of Delegates sessions
37. Learn about collective bargaining issues
38. Find out about the National Leadership Conference
39. Ask about the National Communications Conference
40. Get information about the Educational Day on Radon
41. Check the Contempo CME Course
42. Learn about Mastering the Accreditation Process
43. Learn about the National Congress on Adolescent Health
44. Discover the AMA HIV Conference
45. Arrange to attend the AMPAC Constituent Skills Workshop
46. Inquire about the AMPAC Campaign Management School
47. Make plans to attend the Human Genome Conference
48. Find out about the Committee on Allied Health Education and Accreditation
49. Ask about AMA programs for residents
50. Ask about AMA programs for medical students
51. Learn about the AMA program to strengthen America's healthcare system
52. Gain toll-free access to general member services
53. Ask about locum tenens
54. Use the AMA Recruiting Service
55. Use the Opportunity Placement Register
56. Uncover opportunities with the Practices For Sale service
57. Inquire about the Alternative Careers service
58. Pose questions about accreditation
59. Ask licensure questions
60. Contact the AMA Auxiliary
61. Acquire medical economics information
62. Obtain statistical information about physicians
63. Obtain socioeconomic information about physicians
64. Obtain specialty profile information
65. Discover important statistics about the physician marketplace
66. Refer a colleague for membership questions
67. Ask about AMA representation to the public
68. Ask about AMA representation to the business community
69. Ask about retirement planning
70. Find out about AMA/Net
71. Learn more about Project USA
72. Ask about AMA-sponsored malpractice insurance
73. Contact the Physician Negotiation Advisory Office
74. Ask about physician ownership of health care facilities
75. Inquire about mental health issues
76. Find out how to get information about AMA-sponsored investments, credit cards, insurance and financial planning services
77. Ask questions about biotechnology and molecular medicine
78. Learn about the Campaign Against Cholesterol
79. Contact the Office of Women in Medicine
80. Reach the Office of Foreign Medical Graduates
81. Ask for the Office of Employed and Group Practice Physicians
82. Get in touch with the Office of Private Sector Outreach
83. Request the AMA Member Services Guide
84. Inquire about Drug Evaluations
85. Check on program listings and times for American Medical Television
86. Sign up for Practice Management Workshops
87. Learn about ICD-9 Coding Workshops
88. Obtain information on medical ethics and related legal issues
89. Obtain information about current AMA policies on issues
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SEPTEMBER 1990

September 5, 1990
CORONARY HEART DISEASE AND HOW TO PREVENT IT
William Roberts, MD
Chief, Pathology Branch
NHLBI, NIH
Clinical Professor of Medicine, (Cardiology) and Pathology
Georgetown University
Washington, D.C.

September 12, 1990
DIAGNOSIS OF HIV INFECTION
Charles J. Schleupner, MD
Associate Professor of Medicine
University of Virginia School of Medicine
Chief, Infections Diseases Section, VA Medical Center
Salem, VA

September 19, 1990
METABOLIC, NEUROLOGIC AND HEMATOLOGIC MANIFESTATIONS OF SPHINGOLIPIDOSIS
A. Charles Winkelman, MD
Professor of Clinical Neurology
Director, Neuro-Ophthalmology
Hahnemann University
S. Benham Kahn, MD
Professor and Vice Chairman
Neoplastic Diseases
Hahnemann University
David A. Wenger, PhD
Professor of Medicine, Biochemistry and Molecular Biology
Jefferson Medical College
Philadelphia, PA

September 26, 1990
CRITICAL CARE MEDICINE: ALVEOLAR EDEMA AND TISSUE OXYGEN TRANSPORT
Michael A. Mathay, MD
Associate Professor of Medicine and Anesthesia
Director, MICU, UCSF
San Francisco, CA
David R. Dantzker, MD
Professor and Director
Pulmonary and Critical Care Medicine
University of Texas Medical School
Houston, TX

OCTOBER 1990

October 3, 1990
PITUITARY ADENOMAS: DIAGNOSIS AND TREATMENT
Peter Snyder, MD
Associate Professor of Medicine
Division of Endocrinology
University of Pennsylvania School of Medicine
Philadelphia, PA

October 10, 1990
CHANGING PATTERN OF AIDS AND THE LUNGS
Philip C. Hopewell, MD
Professor of Medicine
University of California, SF
Chief, Chest Service, San Francisco General Hospital
San Francisco, CA

October 17, 1990
DIVISION OF CARDIOLOGY CLINICAL RESEARCH: CARDIAC IMAGING
Eric L. Michelson, MD
Professor of Medicine
Director, Division of Cardiology
Hahnemann University

October 24, 1990
CARDIAC REMODELING: CLINICAL IMPLICATIONS AND THERAPEUTIC OPTIONS
Gervasio A. Lamas, MD
Assistant Professor of Medicine
Harvard Medical School
Boston, MA

October 31, 1990
DIABETIC NEPHROPATHY
Eli A. Friedman, MD
Professor of Medicine
Chief, Division of Renal Disease
SUNY Health Science at Brooklyn
Brooklyn, NY

NOVEMBER 1990

November 7, 1990
STEROID ABUSE IN THE ATHLETE
Robert Cantu, MD
Chairman, Dept. of Surgery
Chief Neurosurgery Service
Director, Service of Sports Medicine
Emerson Hospital
Concord, MA
Consultant, Sports Medicine Comm.
USA American Boxing Federation

November 14, 1990
CONTROVERSIES IN NON-CARDIAC CHEST PAIN (Gastro-Esophageal Reflux, Achalasia)
Sidney Cohen, MD
Professor and Chairman, Department of Medicine
Temple University School of Medicine
Philadelphia, PA

November 21, 1990
DIVISION OF PULMONARY MEDICINE AND CRITICAL CARE
Edward Schulman, MD
Associate Professor of Medicine
Director, Division of Pulmonary and Critical Care Medicine
Hahnemann University

November 28, 1990
MEDICAL MANAGEMENT OF DEPRESSION AND ANXIETY
Gary Tollefson, MD, PhD
Associate Professor of Psychiatry
University of Minnesota
Minneapolis, MN
Jonathan O. Cole, MD
Chief, Psychopharmacology Program
McLean Hospital
Belmont, MA

DECEMBER 1990

December 5, 1990
PTCA VS BYPASS GRAFT SURGERY FOR CORONARY ARTERY DISEASE
William S. Frankl, MD
Vischer Professor of Medicine and Chairman, Department of Medicine
Director, Likoff Cardiovascular Institute
Hahnemann University

December 12, 1990
ABNORMALITIES OF THROMBOSIS AND THROMBOEMBOLISM
Daniel Deykin, MD
Chief of Medicine, Director, Health Services Research and Development, Boston VA Medical Center
Boston, MA

December 19, 1990
AGING OF SKIN
Richard L. Speilvogel, MD
Professor of Medicine and Dermatology
Director, Division of Dermatology
Hahnemann University

WEDNESDAY MEDICAL SEMINAR SERIES

8:30 a.m.–3:30 p.m.

September 26, 1990
CRITICAL CARE

October 10, 1990
AIDS TREATMENT

November 7, 1990
MEDICINE IN ATHLETICS

November 28, 1990
MEDICAL MANAGEMENT OF DEPRESSION AND ANXIETY

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ABNORMALITIES OF THROMBOSIS AND THROMBOEMBOLISM

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ing to serve as delegate to represent a particular school, then the delegate position for that school shall be left vacant, (c) one or more qualified nominees for the position of medical student trustee who shall be placed in nomination at the Society's House of Delegates by a delegate of the section, *and (d) one or more qualified nominees for the slotted alternate delegate position to the American Medical Association for recommendation to the Committee to Nominate Delegates and Alternates to the American Medical Association. . .*

SUBJECT FIVE

5. Voting Position on the PMS Board of Trustees For a Representative of the Young Physicians Section, as recommended by the Philadelphia County Medical Society Young Physicians Section.

Chapter XIV—Board of Trustees

Section 3. Composition—The Board of Trustees shall consist of the president, president elect, the vice president, the immediate past president, the speaker of the House of Delegates, the vice speaker of the House of Delegates, ex officio with the right to vote, one trustee who is an active or associate member in good standing of this Society from each district, one trustee to represent the AMA Board certified specialties organized in Pennsylvania who is an active or associate member in good standing of this Society and a member of a specialty organized in Pennsylvania which is an AMA Board certified specialty, one trustee to represent resident physicians who is an active member in good standing of this Society and who, at the time of election, is a resident physician member of this Society, one trustee, without the right to vote, who is an active member in good standing of this Society and who, at the time of election, is a medical student member of this Society, [and] one trustee to represent hospital medical staffs who is an active or associate member in good standing of this Society and who, at the time of election, is a member of a hospital medical staff in Pennsylvania[.] *and one trustee to represent young physicians who is an active member in good standing of this Society and who, at the time of election, is a member of the Young Physicians Section.*

Chapter XIV—The Board of Trustees

Section 5. Nomination and Election of Trustees—Nomination for a district trustee shall be made by voting members of the House from the district to be represented. Nominations for the specialty society trustee shall be made by voting members of the House representing the AMA Board certified specialties organized in Pennsylvania. Nominations for resident physician trustee, medical student trustee, [and] hospital medical staff trustee, *and young physicians trustee* shall be made by seated delegates from the resident physician, medical student [or] , hospital medical staff [section,], *or young physicians section,* as the case may be. Election of all trustees by the House of Delegates is required.

Section 6. Terms—Each trustee, except the resident physician, [and] medical student, *and young physician* trustees, shall be elected for a term of three years. The term of the resident physician trustee shall be the lesser of two years or so long as the resident physician trustee continues to serve in a residency program approved by the Society. Provided, however, if the resident trustee ceases to serve in a residency program less than one hundred twenty days before an annual meeting of the House then said trustee's term shall expire at the expiration of that annual meeting of the House. The term of the medical student trustee shall be one year with eligibility for reelection so long as the medical student trustee continues to be enrolled in an approved medical school. Provided, however, in the event the medical student trustee discontinues to be enrolled in an approved medical school as a result of graduation from the school, the term of the trustee shall expire at the expiration of the next annual meeting of the House. *The term of the young physician trustee shall be one year so long as the young physician trustee is under 40 years of age or in the first five (5) years of professional endeavor after residency and fellowship training programs.*

SUBJECT SIX

6. Four Bylaws Proposals Regarding the Society's Subsidiaries, as Submitted by the Lancaster City and County Medical Society.

(1) On an annual basis, the House of Delegates will be furnished with a list of all physicians who receive $1,000 or more from PMS, or from any of its subsidiaries, affiliates, etc. This shall include all remuneration including expenses, travel allowances, or in-kind remuneration. The total will be appropriately accounted for by category such as remuneration, travel, etc.

(2) No member of the PMS Board or officer of PMS shall hold a position as a Board member or officer of any subsidiary organization except that for each and every organization the PMS Board may select an ex-officio member of the subsidiary organization. This member shall serve without pay or compensation except as provided to any and all other PMS Board members. The member may receive appropriate travel, lodging, and food expenses incurred in fulfilling his/her duties as an ex-officio member of the subsidiary organization.

(3) The Board and officers of all subsidiary organizations will be selected by the House of Delegates from a minimal slate of the number to be elected for each position plus one. If three Board members are to be elected, at least four persons will be nominated. For a position such as President, there will be at least two nominees. The person elected President will also serve as Chairman of the Board of the subsidiary and Chief Operating Officer. The slate will be nominated by a nominating committee composed of five members of the House of Delegates. In addition, nominations for a position may come from the Board of PMS and nominations may be made by any member of the House of Delegates at the time of the meeting held for the election.

(4) Members of the Boards of subsidiary organizations will be elected for three year terms. They will serve no more than three consecutive terms and may not be re-elected after serving three consecutive terms till after a lapse of two years. Any member elected to a partial term which exceeds fifteen months will be considered to have served a full term. The terms of members shall be staggered with respect to the year of election so that approximately one-third of the members are elected each year. At the time this rule is instituted, elected members will draw straws to determine the length of his/her initial term. In the event of a vacancy, the Board of PMS shall appoint a member of PMS who would meet the qualifications for election to fill the vacancy until the time of the next election. At that time, if there was any unexpired portion to the term, the House will fill the seat by election.

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Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral a-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.[1,2] Also dizziness, headache, skin flushing reported when used orally.[1,3]

Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

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References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

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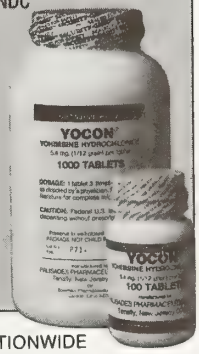

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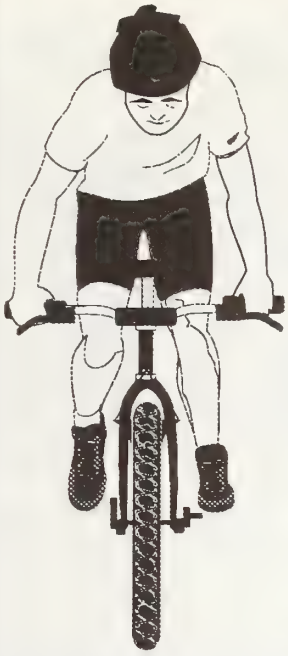

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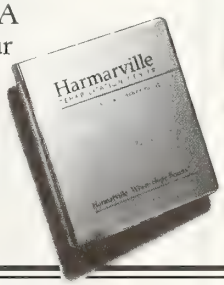

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Our **curriculum** is designed based primarily on the "core content" in Emergency Medicine which was developed jointly by the American Board of Emergency Medicine and the American College of Emergency Physicians. **Allocation of lecture time** for specific areas has been determined by the relative weight of content areas as delineated by the ABEM for examination purposes. The program **objectives** are to enable registrants to: review and reinforce the **organization and comprehension of the essentials** of the core curriculum in Emergency Medicine, **refine test taking skills,** gain the psychological edge to be at your 'peak performance' on the examination day, and enhance your clinical skills for improved patient care.

The response to our course offering in the past has been most gratifying. **We** have **listened to** the **feedback** provided by prior registrants and course faculty, and this led to several new features. This year we will include a formal didactic session on preparation for the oral exam. Additionally, **elective** opportunity for private **oral board preparatory tutorials** and **small group oral board simulation** will be available during the program. The underlying philosophy of our program is unchanged and our primary focus will remain the written board exam candidate. There are many resources from which to learn the information suggested by the core content curriculum. Among them are Rosen's Textbook of Emergency Medicine, the ATLS/ACLS manuals and numerous other texts, monographs and journals. This year we have chosen to present the core content information in a format that correlates organizationally with the text, Emergency Medicine: A Comprehensive Study Guide - American College of Emergency Physicians, edited by Tintinalli, Krome and Ruiz. Finally, we have added a three component special session which will provide practical suggestions and strategies on **how to achieve optimal performance on your examination day.**

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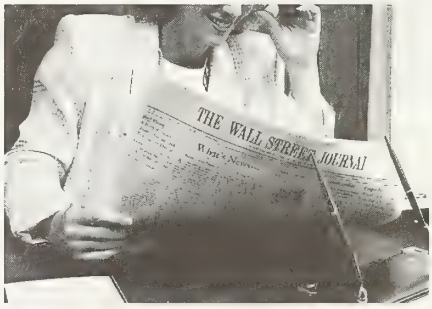

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CPO2 **35**
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Dodson Insurance Group **14**
D.T. Watson Rehab. Hospital **33**
Eli Lilly Company **58**
Execu-Flow **5**
FHC Pennsylvania Network **7**
Fulton, Longshore & Associates **66**
Geisinger Clinic **4**
Graduate Health Systems **25**
Graduate Hospital/Mt. Sinai **54**
Greater Baltimore Medical Center **46**
Greater Pittsburgh Rehab. Hospital **57**
Hahnemann University **28–29**
Harmarville Rehab. Center **43**
Health Care Group **41**
Health Images **59**
Hessler Enterprises **45**
Hoover Anwar Associates **18**
ICN Pharmaceuticals **16**
Interstat **35**
Johns Hopkins Medical Intitutions **49**
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Medical Directors Advancement Council **36**
Medical Personnel Pool **44**
Medical Protective Co. **60**
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Moss Rehabilitation Medicine **23**
Mt. Sinai Hospital **61**
OR-D Systems **44**
Orion Systems **31**
Palisades Pharmaceuticals **31**
Penn State University Hospital **9**
Pennsylvania Blue Shield **19, 50**
Pennsylvania Sheratons **13**
Philadelphia Heart Institute **8, 39**
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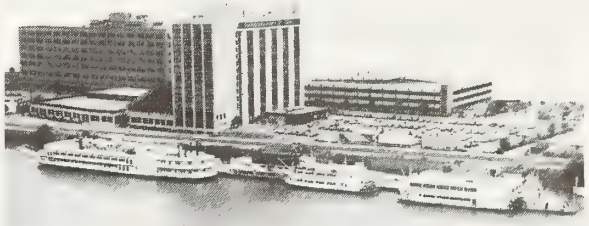

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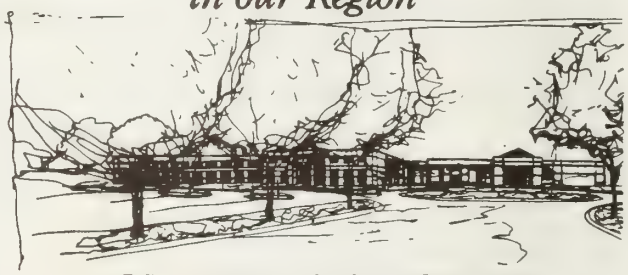

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References

1. *USP DI Update, September/October 1988, p 120.*
2. *Br J Clin Pharmacol 1985;20:710-713.*
3. *Data on file, Lilly Research Laboratories.*
4. *Scand J Gastroenterol 1987;22(suppl 136):61-70.*
5. *Am J Gastroenterol 1989;84:769-774.*

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2. *Maintenance therapy*—for healed duodenal ulcer patients at a reduced dosage of 150 mg h.s. The consequences of therapy with Axid for longer than one year are not known.

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2. Dosage should be reduced in patients with moderate to severe renal insufficiency.

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Carcinogenesis, Mutagenesis, Impairment of Fertility—A two-year oral carcinogenicity study in rats with doses as high as 500 mg/kg/day (about 80 times the recommended daily therapeutic dose) showed no evidence of a carcinogenic effect. There was a dose-related increase in the density of enterochromaffin-like (ECL) cells in the gastric oxyntic mucosa. In a two-year study in mice, there was no evidence of a carcinogenic effect in male mice, although hyperplastic nodules of the liver were increased in the high-dose males as compared with placebo. Female mice given the high dose of Axid (2,000 mg/kg/day, about 330 times the human dose) showed marginally statistically significant increases in hepatic carcinoma and hepatic nodular hyperplasia with no numerical increase seen in any of the other dose groups. The rate of hepatic carcinoma in the high-dose animals was within the historical control limits seen for the strain of mice used. The female mice were given a dose larger than the maximum tolerated dose, as indicated by excessive (30%) weight decrement as compared with concurrent controls and evidence of mild liver injury (transaminase elevations). The occurrence of a marginal finding at high dose only in animals given an excessive and somewhat hepatotoxic dose, with no evidence of a carcinogenic effect in rats, male mice, and female mice (given up to 360 mg/kg/day, about 60 times the human dose), and a negative mutagenicity battery are not considered evidence of a carcinogenic potential for Axid.

Axid was not mutagenic in a battery of tests performed to evaluate its potential genetic toxicity, including bacterial mutation tests, unscheduled DNA synthesis, sister chromatid exchange, mouse lymphoma assay, chromosome aberration tests, and a micronucleus test.

In a two-generation, perinatal and postnatal fertility study in rats, doses of nizatidine up to 650 mg/kg/day produced no adverse effects on the reproductive performance of parental animals or their progeny.

Pregnancy—Teratogenic Effects—Pregnancy Category C—Oral reproduction studies in rats at doses up to 300 times the human dose and in Dutch Belted rabbits at doses up to 55 times the human dose revealed no evidence of impaired fertility or teratogenic effect; but, at a dose equivalent to 300 times the human dose, treated rabbits had abortions, decreased number of live fetuses, and depressed fetal weights. On intravenous administration to pregnant New Zealand White rabbits, nizatidine at 20 mg/kg produced cardiac enlargement, coarctation of the aortic arch, and cutaneous edema in one fetus, and at 50 mg/kg, it produced ventricular anomaly, distended abdomen, spina bifida, hydrocephaly, and enlarged heart in one fetus. There are, however, no adequate and well-controlled studies in pregnant women. It is also not known whether nizatidine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Nizatidine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers—Studies in lactating women have shown that 0.1% of an oral dose is secreted in human milk in proportion to plasma concentrations. Because of growth depression in pups reared by treated lactating rats, a decision should be made whether to discontinue nursing or the drug, taking into account the importance of the drug to the mother.

Pediatric Use—Safety and effectiveness in children have not been established.

Use in Elderly Patients—Healing rates in elderly patients were similar to those in younger age groups as were the rates of adverse events and laboratory test abnormalities. Age alone may not be an important factor in the disposition of nizatidine. Elderly patients may have reduced renal function.

Adverse Reactions: Clinical trials of varying durations included almost 5,000 patients. Among the more common adverse events in domestic placebo-controlled trials of over 1,900 nizatidine patients and over 1,300 on placebo, sweating (1% vs 0.2%), urticaria (0.5% vs <0.01%), and somnolence (2.4% vs 1.3%) were significantly more common with nizatidine. It was not possible to determine whether a variety of less common events was due to the drug.

Hepatic—Hepatocellular injury (elevated liver enzyme tests or alkaline phosphatase) possibly or probably related to nizatidine occurred in some patients. In some cases, there was marked elevation (>500 IU/L) in SGOT or SGPT and, in a single instance, SGPT was >2,000 IU/L. The incidence of elevated liver enzymes overall and elevations of up to three times the upper limit of normal, however, did not significantly differ from that in placebo patients. Hepatitis and jaundice have been reported. All abnormalities were reversible after discontinuation of Axid.

Cardiovascular—In clinical pharmacology studies, short episodes of asymptomatic ventricular tachycardia occurred in two individuals administered Axid and in three untreated subjects.

CNS—Rare cases of reversible mental confusion have been reported.

Endocrine—Clinical pharmacology studies and controlled clinical trials showed no evidence of antiandrogenic activity due to nizatidine. Impotence and decreased libido were reported with equal frequency by patients on nizatidine and those on placebo. Gynecomastia has been reported rarely.

Hematologic—Fatal thrombocytopenia was reported in a patient treated with nizatidine and another H_2-receptor antagonist. This patient had previously experienced thrombocytopenia while taking other drugs. Rare cases of thrombocytopenic purpura have been reported.

Integumental—Sweating and urticaria were reported significantly more frequently in nizatidine- than in placebo-treated patients. Rash and exfoliative dermatitis were also reported.

Hypersensitivity—As with other H_2-receptor antagonists, rare cases of anaphylaxis following nizatidine administration have been reported. Because cross-sensitivity among this class has been observed, H_2-receptor antagonists should not be administered to those with a history of hypersensitivity to these agents. Rare episodes of hypersensitivity reactions (eg, bronchospasm, laryngeal edema, rash, and eosinophilia) have been reported.

Other—Hyperuricemia unassociated with gout or nephrolithiasis was reported. Eosinophilia, fever, and nausea related to nizatidine have been reported.

Overdosage: Overdoses of Axid have been reported rarely. If overdosage occurs, activated charcoal, emesis, or lavage should be considered along with clinical monitoring and supportive therapy. Renal dialysis for four to six hours increased plasma clearance by approximately 84%.

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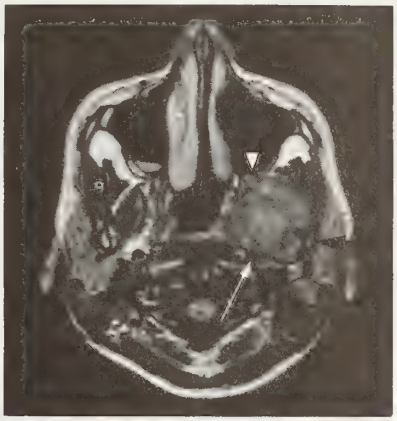

Figure 1

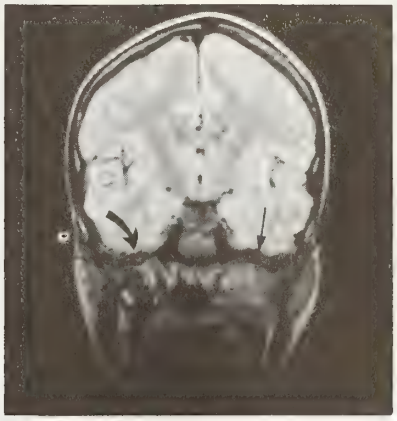

Figure 2

CLINICAL INFORMATION: This is a 14-year-old male with headache and left jaw pain.

FINDINGS: The axial image (figure 1) demonstrates a 4 cm. mass centered in the left parapharyngeal space. It deforms the left nasopharyngeal wall, but the fat plane between the nasopharyngeal wall and the mass indicates that the mass did not arise from epithelium there. The mass extends anteriorly through the pterygopalatine fossa to abut the posterior wall of the maxillary sinus (arrowhead), but it does not appear to invade the sinus. The mass extends laterally adjacent to the neck of the mandibular condyle (large arrow). It is separated from the deep lobe of the parotid by the deep branch of the facial artery. The mass is separated by fat from the internal jugular vein (open arrow). It abuts, but does not encase the internal carotid artery (long arrow). The coronal image (figure 2) demonstrates the mass effect of this large lesion (large arrow). Though the mass lies adjacent to the foramen ovale (small arrow) and appears to engulf an exiting branch of the mandibular nerve, it does not extend intracranially. The mandibular division of the fifth nerve lying just above the foramen ovale is shown on the normal right side (curved arrow).

COMMENT: MRI clearly demonstrates the size and extent of the mass in this difficult location. CT does not provide the multiplanar capability and soft tissue detail afforded by MRI which provides complete presurgical staging and analysis. The differential diagnostic possibilities must include juvenile angiofibroma because of the patient's age and sex. Paraganglioma and schwannoma were also considered possibilities. Mixed tumor arising from the deep lobe of the parotid could produce this appearance, but the lesion appeared to be separate from the deep lobe. The biopsy diagnosis was "sarcoma". Rhabdomyosarcoma in this area more commonly occurs in younger children.

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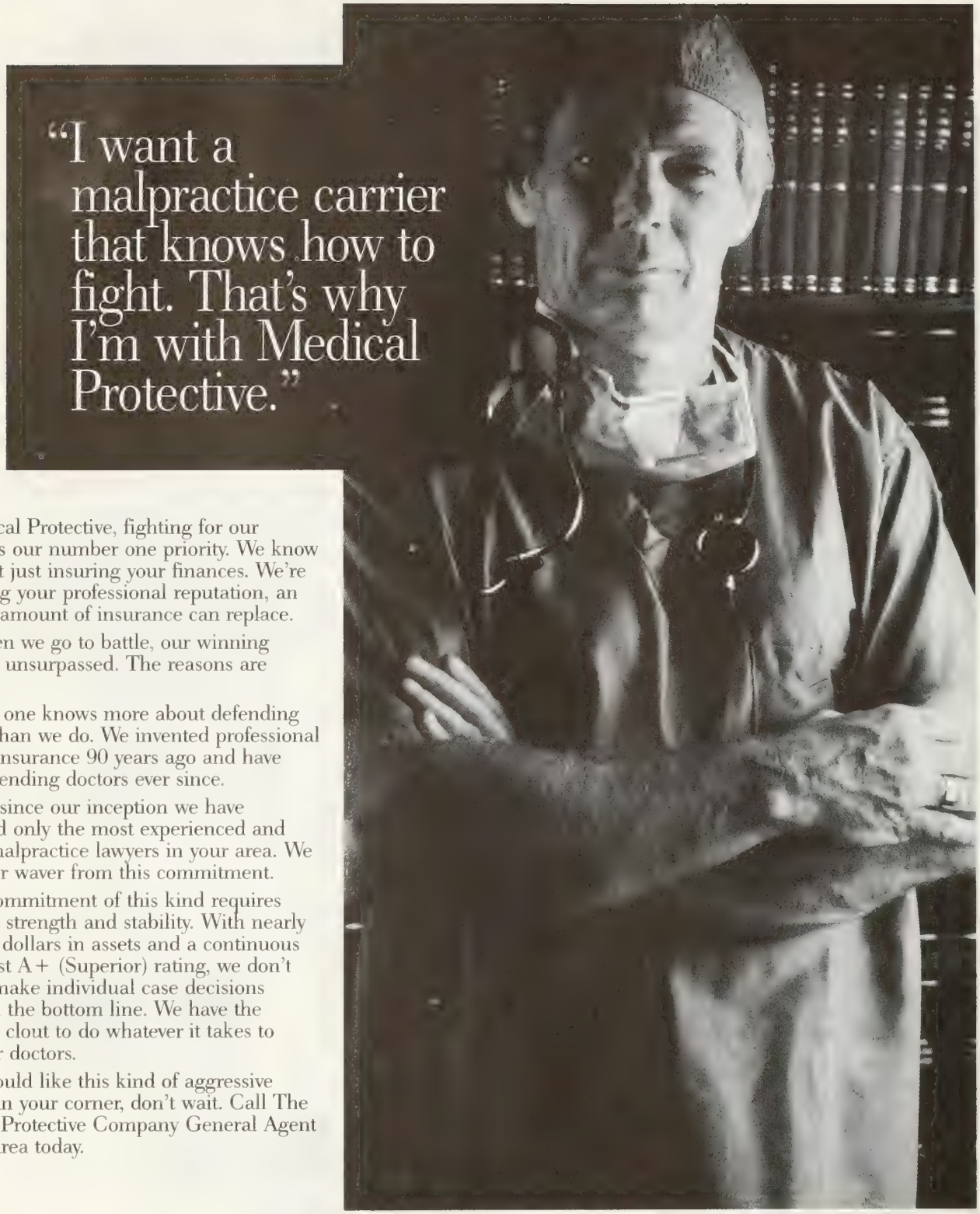

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Pennsylvania, western. 400-bed teaching hospital designated Level II Trauma Center seeking career emergency physician, preferably board certified/prepared in emergency medicine. Sophisticated emergency care with nearly 30,000 visits per year, resident teaching and a busy hospital-based paramedic program. Excellent compensation for qualified physician. 70 miles east of Pittsburgh. Call or send CV to Richard M. McDowell, MD, FACEP, Department of Emergency Medicine, Conemaugh Valley Memorial Hospital, Johnstown, PA 15905, (814) 533-9769.

General/Vascular surgeon —BE/BC, immediate opening in prestigious private practice, rapid growth opportunity in north central Pennsylvania. Send CV to Box 323, PENNSYLVANIA MEDICINE, 777 East Park Dr., P.O. Box 8820, Harrisburg, PA 17105-8820.

Board Certified FP seeking BC/BE FP or IM to join busy practice in a growing university town in central Pennsylvania. Excellent opportunity-competitive salary-no OB. Inquiries to Lewisburg Family Practice, 55 N. 5th St., Lewisburg, PA 17837.

Wanted: Family practice specialist or Board-eligible to join four-person group in south-central Pennsylvania. No obstetrics. Salary negotiable. Write Box 296, PENNSYLVANIA MEDICINE, 777 East Park Dr., P.O. Box 8820, Harrisburg, PA 17105-8820.

Radiologist — Full or P/T for out-patient imaging center, suburbs of Phila. CT experience necessary. MRI experience desirable. Call Judy Weiss (215) 752-8080.

Emergency medicine positions available — Suburban Philadelphia emergency department group seeking emergency department physician for open position and also locum tenens for summer of '90. Candidate must be BC/BP in emergency medicine, internal medicine or surgery, and certified in ACLS/ATLS. Contact John D. Gorry, MD, FACEP, Chairman, Department of Emergency Medicine, Crozer-Chester Medical Center, 15th and Upland Ave., Chester, PA 19013, (215) 874-8177.

Williamsport — Solo psychiatrist with active general practice really needs an associate. Two hospitals with psychiatric units. The city is located in a peaceful rural area with 100,000 population served. Hunting, fishing, water sports. Excellent public schools and churches. Terms of association negotiable. Please give me a call (collect) (717) 323-4677. Dr. Williams.

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Northeastern Pennsylvania — Multispecialty group practice is seeking BC/BE physicians with background in: family practice, urology, pediatrics, internal medicine with interest in non-invasive cardiology or other multispecialty interest. We are located in a beautiful rural area of Pennsylvania that has recently experienced an industrial buildup and community growth. Send CV to Box 335, PENNSYLVANIA MEDICINE, 777 East Park Dr., P.O. Box 8820, Harrisburg, PA 17105-8820.

Philadelphia, PA area — Part-time or full-time position available for FP or IM in modern urgicare center. Excellent salary w/ incentive bonus plus benefit package. Reply Box 336, PENNSYLVANIA MEDICINE, 777 East Park Dr., P.O. Box 8820, Harrisburg, PA 17105-8820.

Internist — BE/BC needed to join 5-physician internal medicine group in Carlisle—south central Pennsylvania, with ready access to Washington, Baltimore and Philadelphia. College town with excellent schools; good place to raise family. Competitive salary with complete benefit package and opportunity for partnership. Send CV to Box 338, PENNSYLVANIA MEDICINE, 777 East Park Dr., P.O. Box 8820, Harrisburg, PA 17105-8820.

Position available — Full-time associate/assistant faculty director wanted for active fully accredited 5-5-5 residency program with full residency compliment. Position available July 1, 1990. Salary negotiable. Benefits. CV required. Respond to: Robin Staebler, MD, Saint Joseph Hospital, Family Practice Residency Program, 200 N. 13th St., Ste. 100, Reading, PA 19604; (215) 378-2080.

OB/GYN New York — 32-member multispecialty group in Long Island, New York, adding third member to its department of obstetrics and gynecology. First year, 6-figure salary, four weeks vacation, other benefits. Call Wanda Parker, Senior Associate, E.G. Todd Associates, Inc., 535 Fifth Ave., Suite 1100, New York, NY 10017. Toll Free (800) 221-4762. Collect (212) 599-6200.

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Family practitioner-opportunity — Expanding northeast Ohio multi-specialty group has an opportunity for a family practitioner. The Ashtabula Clinic offers good compensation and earning potential within the professional and financial support of a multi-specialty group. The Ashtabula area, located on the shores of Lake Erie, combines the advantage of a small town, with easy access to the major metropolitan centers of Cleveland and Erie, PA. For additional information call or write: Ashtabula Clinic, Inc., 430 W. 25th St., Ashtabula, OH 44004 ATTN: Jim Graeca, Administrator; (216) 992-4422.

Emergency medicine — Elkins Park, PA. Two staff physicians needed in full service community hospital. Annual ED volume: 13,000. Spectrum offers a competitive reimbursement fee, occurrence malpractice insurance, CME allowance and relocation assistance. Contact Jean McGinty, Spectrum Emergency Care, Inc., P.O. Box 27352, St. Louis, MO 63141, 1-800-325-3982, ext. 3017.

Internal medicine group looking for new associate. Five man group looking for 6th partner. Serving two local hospitals with new office building. Non-invasive cardiology a plus. Potential for by-in. Send CV to: MRA, 205 E. Laurel Blvd., Pottsville, PA 17901.

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Board certified medical oncologist — The Fox Chase Cancer Center, one of 21 comprehensive cancer centers in the country, has 2 practice opportunities available for physicians interested in clinical research. The positions exist at 2 of our affiliated suburban hospitals and will provide an excellent foundation on which to build/direct an oncology practice. Fox Chase provides its affiliates with ready access to information through a comprehensive computer database which offers state of the art guidelines for diagnosis, staging and treatment of each major site of cancer. Candidates must be board certified, have a strong interest in clinical research and possess experience in protocol therapy. Interested candidates please contact: Paul F. Engstrom, MD, Fox Chase Cancer Center, 7701 Burholme Ave., Philadelphia, PA 19111. (215) 728-2986. EOE.

Radiologist wanted —Immediate opening in dynamic office based practice. 45,000 examinations per year. Expertise to include CT scanning, MRI scanning, mammography, ultrasound, and non-invasive procedures such as lumbar myelography and arthropgraphy. One year imaging fellowship would be helpful. Call (412) 648-6043 or write to William R. Poller, MD, c/o Pittsburgh Radiology Associates, PC, 3471 Fifth Ave., Suite 301, Pittsburgh, PA 15213.

Wanted — Ob/Gyn Board certified or Board eligible physician, to associate with solo ob/gyn 35 year practice. Located-foothills of the Pocono Resort area. Year round entertainment, sports, skiing, boating, fishing. Numerous hospitals in the area. Call or write: James Farr, MD, 180 N. 12th St., Lehighton, PA 18235; (215) 377-3652, (215) 377-3717.

Pediatricians, Family Practitioners, Philadelphia suburbs — Group, solo, equity arrangements. Confidentiality protected. Contact Al Yannelli, Yannelli, Randolph & Co., 994 Old Eagle School Rd., Suite 1020, Wayne, PA 19087 (215) 964-1616.

Beaver, Pennsylvania — Seeking director, assistant director, full-time and part-time emergency physicians for 475-bed Level II center. Double and triple coverage provided during peak periods. Outstanding compensation and paid malpractice insurance. Benefits available to full-time staff. Board eligibility or certification in emergency medicine or primary care specialty, and ACLS required. Contact: Karen Remai, Emergency Consultants, Inc., 2240 S. Airport Rd., Room 27, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Director new family medicine residency urban track — BS/BE primary care physician needed to head an interdisciplinary team in new urban family medicine training track. Experience and interest in teaching in an urban setting essential. For more information contact: Martin Lipsky,

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SPECIALTY	LOCATION	ANNUAL REVENUE
Dermatology	Coastal New Jersey	$600,000
Family Practice	Central PA	$190,000
Family Practice	Northern Delaware	$200,000
Internal Medicine	Northern New Jersey	$350,000
OB/GYN	New Jersey	$300,000
Ophthalmology	Maryland	$400,000
Ophthalmology	New York City	$450,000
Ophthalmology	Philadelphia	$1,000,000
Ophthalmology	West Texas	$400,000
Ophthalmology	Detroit suburbs	$1,000,000
Radiology	South Jersey	$850,000

For additional information, please contact: Ed Strogen, FULTON, LONGSHORE & ASSOCIATES, INC., 527 Plymouth Rd., Suite 410, Plymouth Meeting, PA 19462 (215) 834-6780, (800) 346-8397.

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Attention: Mr. Clonch, Vice President

MD, Mercy Family Practice Residency Program, 2127 Jefferson Ave., Toledo, OH 43624. 1-800-222-8489.

Western Pennsylvania — Board Certified or prepared emergency physicians needed for staffing a community hospital emergency department near the Ohio/Pennsylvania border. Please send CV to P.O. Box 91666, Cleveland, OH 44101.

Pennsylvania — Physician group seeks full-time and part-time physicians for an emergency department of community hospitals in central and western Pennsylvania. Please send resume to P.O. Box 30569, Middleburg Heights, OH 44130.

Family practice — Progressive, fast growing group practice in central Bucks area seeking new family physician. Competitive benefit package with ownership in future. Contact: Dr. Stuart Rosan, Doylestown and Warrington Family Practice, Penns Court, Suite 215, 350 S. Main St., Doylestown, PA 18901. (215) 348-4916.

South Central Colorado needs 2 family physicians. 1 hour from skiing the Continental Divide, 1 hour from metropolitan areas. Opportunity to enjoy the great Colorado outdoors and practice high-quality family medicine. OB service available, not required. Call Gary Mohr, MD, FAAFP, (719) 275-1618.

Gastroenterologist wanted-Florida — Terrific medium sized coastal town. Two personable solo gastroenterologists seeking same to share heavy case load and coverage. Mail CV to Richard Libby, 5510 Montgomery St., Chevy Chase, MD 20015.

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Seeking position in gastroenterology/internal medicine. Available now. Board certified in internal medicine. Board eligible in gastroenterology. British and U.S. trained. Licensed in Pennsylvania. Contact S. P. Nathan, South Baltimore General Hospital, 3001 S. Hanover Street, Baltimore, MD 21230. (301) 355-5502.

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Practice wanted — Experienced family physician 15 years in practice, wants to buy general/family medicine practice in Chester, Montgomery, Philadelphia, Delaware, or Lancaster counties. Please call (215) 495-5414.

Physicians — Urgent mobile insurance exams. Highest $$$ pay. F/T, P/T, IM, FP, GP. (215) 563-3970.

Pleasant country practice in rural community in south central PA. Spacious new building with lower level rented to radiology, physical therapy, and orthopedics. Reasonable on call schedule with other solo practitioners. An abundance of new equipment. Lease/buy options available. Send inquiry to Box 337, PENNSYLVANIA MEDICINE, 777 East Park Dr., P.O. Box 8820, Harrisburg, PA 17105-8820.

For sale — GE x-ray unit DXR single phase with Konica QX-60A processor set. Good working condition. Call (717) 646-1616, P.O. Box 219, Route 940, Blakeslee, PA 18610.

For sale — Kodak Ektachem DT 60 Analyzer $3,000. Nova Celltrak Hematology Analyzer (RBC, Hct, HGB, MCV, WBC) $3,000 or $5,500 for both. Used one year. Originally purchased for $10,500. Please call (215) 495-5414 Phoenixville, PA.

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For sale — Laboratory equipment. Abbott Vision chemistry analyzer and Coulter CBC-5 hematology analyzer. Excellent condition. Call (717) 455-7677.

York County — Established family practice available. Home/office combination on approximately 1.5 acres of land. Physician to retire. Please reply to Box 333, PENNSYLVANIA MEDICINE, 777 East Park Dr., P.O. Box 8820, Harrisburg, PA 17105-8820.

For sale — ENT office equipment including: 2 SMR exam units; 2 SMR Maxichairs; 1 Maico MA 22 audiometer; 1 IAC test booth; 1 American 85AR tympeenometer; 1 hyfrecators; 1 machida naso-laryngoscope; 1 binocular microscope. Call (412) 658-2641 day or (412) 946-8165 evening.

For sale — Ultrasound machine-2 years new. Includes 3.5 MHz general probe, 7.5 MHz vaginal probe with biopsy guide, video copy processor and cart. Inquiries call (215) 635-0545.

For sale — Arterial blood gas analyser radiometer 330 ABL. 8 months old, barely used in factory-fresh running condition. Asking $15,000. Call for information (609) 985-1715.

Active established primary care practice available. Desirable location near four hospitals, northeastern Pennsylvania. Will assist in transition. Physician retiring. Building for sale optional. Write to Box 325, PENNSYLVANIA MEDICINE, 777 East Park Dr., P.O. Box 8820, Harrisburg, PA 17105-8820.

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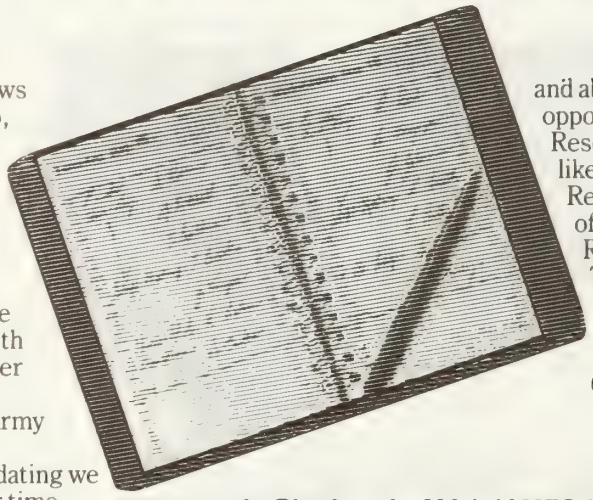

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MEDICAL SPECIALTY INFORMATION

The roster is coded with specialty information in the county society section. The abbreviation that appears to the right of the physician's name is the specialty code. *This specialty information was supplied from AMA records or by the physician personally and does not necessarily imply Board certification in the specialty.* These codes and the specialties that they represent, along with the approximate number in each specialty, are as follows:

* **Indicates membership in the Pennsylvania Medical Political Action Committee**

ADL	Adolescent Medicine	2
AI	Allergy and Immunology	46
AM	Aerospace Medicine	3
A	Allergy	56
AN	Anesthesiology	787
ATP	Anatomic Pathology	3
BE	Broncho-Esophagology	2
BLB	Blood Banking	1
CCM	Critical Care Medicine	2
CD	Cardiovascular Diseases	637
D	Dermatology	268
DMP	Dermatopathology	3
DIA	Diabetes	22
EM	Emergency Medicine	349
END	Endocrinology	81
FP	Family Practice	1,653
GE	Gastroenterology	253
GO	Gynecological Oncology	4
GP	General Practice	1,043
GPM	General Preventive Medicine	14
GER	Geriatrics	37
GYN	Gynecology	65
HEM	Hematology	85
IG	Immunology	2
ID	Infectious Diseases	65
IM	Internal Medicine	2,315
LAR	Laryngology	1
LM	Legal Medicine	4
MFS	Maxillofacial Surgery	1
ND	Neoplastic Diseases	9
NEP	Nephrology	103
N	Neurology	238
NPM	Neonatal-Perinatal Medicine	26
CHN	Neurology, Child	6
NA	Neuropathology	4
NM	Nuclear Medicine	47
NR	Nuclear Radiology	2
NTR	Nutrition	5
OBS	Obstetrics	4
OBG	Obstetrics/Gynecology	1,029
OM	Occupational Medicine	101
ON	Oncology	129
OPH	Ophthalmology	690
OT	Otology	5
OTO	Otolaryngology	308
PTH	Pathology	350
CLP	Pathology, Clinical	27
FOP	Pathology, Forensic	3
PD	Pediatrics	831
PDA	Pediatrics, Allergy	20
PDC	Pediatrics, Cardiology	14
PHO	Pediatric Hematology-Oncology	2
PNP	Pediatric Nephrology	1
PA	Pharmacology, Clinical	18
PM	Physical Medicine/Rehabilitation	268
P	Psychiatry	661
CHP	Psychiatry, Child	68
PYA	Psychoanalysis	20
PYM	Psychosomatic Medicine	2
PH	Public Health	23
PUD	Pulmonary Diseases	183
R	Radiology	501
DR	Radiology, Diagnostic	430
PDR	Radiology, Pediatric	8
TR	Radiology, Therapeutic	72
REN	Reproductive Endocrinology	1
RHU	Rheumatology	111
ABS	Surgery, Abdominal	9
CDS	Surgery, Cardiovascular	101
CRS	Surgery, Colon and Rectal	58
GS	Surgery, General	1,099
HS	Surgery, Hand	17
HNS	Surgery, Head and Neck	2
NS	Surgery, Neurological	167
ORS	Surgery, Orthopaedic	661
PDS	Surgery, Pediatric	16
PS	Surgery, Plastic	169
TS	Surgery, Thoracic	115
TRS	Surgery, Traumatic	9
U	Surgery, Urological	373
VS	Surgery, Vascular	26
OS/US	Other, i.e., physician designated a specialty other than those appearing above. Unspecified.	326
ST	Student	1,104
TOTAL MEMBERSHIP		**18,376**

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*1849	Samuel Jackson, MD	Philadelphia County
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*1888-89	J. B. Murdoch, MD	Allegheny County
*1890	Alexander Craig, MD	Lancaster County
*1891	Samuel L. Kurtz, MD	Berks County
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*1909	Theodore B. Appel, MD	Lancaster County
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*1933	Donald Guthrie, MD	Bradford County
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9552 Park Edge Drive
Allison Park PA 15101
NEWBERG, MD, Jay A OPH
1514 Lincoln Way
Mckeesport PA 15131
NEWCOMER, MD, Janet A FP
St Margaret Memorial Hospital
Pittsburgh PA 15215
NEWTON, MD, E Douglas PS
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Pittsburgh PA 15224
NEWTON, MD, Rex H PM
1119 Macon Avenue
Pittsburgh PA 15218
NGUYEN, MD, De IM
Presbyterian Univ Hospital
Pittsburgh PA 15260
NGUYEN, MD, Nghi V OS
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Natrona Heights PA 15065
NGUYEN, MD, Tinh-Chau PD
Health America
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NICASSIO, MD, Anthony IM
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NICHOLS, MD, William R PD
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Pittsburgh PA 15237
NICKENS, MD, Oswald J OBG
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NICKESON, MD, Robert W OPH
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NICOLO, MD, Enrico GS
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Mckeesport PA 15132
NICOLOSI, MD, Joseph V AN
164 Westminster Drive
Monroeville PA 15146
NIELAND, MD, Michael L D
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Pittsburgh PA 15222
NIELAND, MD, Nancy S D
211 North Whitfield Street
Pittsburgh PA 15206
NIGBOROWICZ, MD, Ronald J IM
6938 Blenheim Court
Pittsburgh PA 15208
NISTA, MD, Joseph A OPH
532 South Aiken Avenue
Pittsburgh PA 15232
NITZBERG, MD, Robert S CD
1155 Merchant Street
Ambridge PA 15003
NIX, MD, Robert D PD
525 Locust Place
Sewickley PA 15143
NOBEL, MD, Helen V FP
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Pittsburgh PA 15206
NODEN, MD, George T GP
4526 Fifth Avenue
Pittsburgh PA 15213
NOLAN, MD, Sean END
532 South Aiken Avenue
Pittsburgh PA 15232
NOLAN, MD, Teresa A IM
4815 Liberty Avenue
Pittsburgh PA 15224
NOLAND, MD, Robert B OPH
3471 Fifth Avenue
Pittsburgh PA 15213
NOORBAKHSH, MD, Hossein OBG
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NOREK, MD, Mary T PM
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NORRIS, MD, David C P
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Pittsburgh PA 15237
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Pittsburgh PA 15211
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Pittsburgh PA 15212
PHANSE, MD, Mohan S GE
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Bridgeville PA 15017
PHILBIN, MD, Terence J IM
92 Bradford Avenue
Pittsburgh PA 15205
PHILLIPS, MD, Howard T ORS
9104 Babcock Boulevard
Pittsburgh PA 15237
PHILLIPS, MD, Jane G PM
Medical Rehabilitation Inc
Pittsburgh PA 15201
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Pittsburgh PA 15222
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Pittsburgh PA 15241
PIFALO, MD, W Bradley CD
Alcath Inc
Pittsburgh PA 15212
PIFER, MD, Gerald W ORS
490 East North Avenue
Pittsburgh PA 15212
PIGOZZI, MD, William N FP
909 Zimmer Lane
Mckeesport PA 15135
PINTO, MD, Thomas B IM
1200 Centre Avenue
Pittsburgh PA 15219
PIPPIN, BARBARA A ST
5025 Fifth Avenue
Pittsburgh PA 15232
PITCAVAGE, MD, James G PD
447 Oliver Road
Edgeworth PA 15143
PITTENGER, MD, Rex A P
369 Sunset Road
Pittsburgh PA 15237
PLACCI, MD, Carlos A P
401 Shady Avenue
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PLATKO JR, MD, William P CD
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125 Florence Road
New Brighton PA 15066
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2300 Sheffield Road
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559 Maplewood Avenue
Ambridge PA 15003
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Beaver PA 15009
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349 New York Avenue
Rochester PA 15074
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1270 Barclay Hill Road
Beaver PA 15009
HERALD, MD, Geoffrey R GS
1301 Riverside Drive
Bridgewater PA 15009
HETZLER, MD, Norman A GS
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Rochester PA 15074
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Ambridge PA 15003
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Monaca PA 15061
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ALLEY, MD, Samie A GS
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West Reading PA 19611
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West Reading PA 19611
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Wyomissing PA 19610
GILFILLAN III, MD, A George PD
1981 Bern Road
Wyomissing PA 19610
GILMORE, MD, Irvin W * GP
5313 Allentown Pike
Temple PA 19560
GINSBERG, MD, Gary * U
318 North Fifth Street
Reading PA 19601
GLOSSER, MD, William E EM
1240 Dauphin Avenue
Wyomissing PA 19610
GORDON, MD, Michael E * R
Community General Hospital
Reading PA 19601
GRABIAS, MD, Stanley L ORS
301 South Seventh Avenue
West Reading PA 19611
GRAHAM, MD, Barry E OBG
1340 Penn Avenue
Wyomissing PA 19610
GRANADOS, MD, Nicanor G IM
1555 Schuylkill Avenue
Reading PA 19601
GRANADOS, MD, Suzita N PD
130 Prospect Street
Reading PA 19606
GREENBERG, MD, Robert N GS
200 North 13th Street
Reading PA 19604
GREENE, MD, Lucille T * GP
412 North 12th Street
Reading PA 19604
GREGORY, MD, George W CDS
1235 Penn Avenue
Wyomissing PA 19610
GRETH, MD, Warren E RHU
401 Buttonwood Street
West Reading PA 19611
GRIM, MD, Mark D GP
Main Street
Oley PA 19547
GROSS, MD, Lawrence S * PD
Ten Fairlane Road
Reading PA 19606
GRUBB, MD, Willard Y FP
143 West Philadelphia Avenue
Boyertown PA 19512
GRUBER, MD, John W CD
301 South Seventh Avenue
West Reading PA 19611
GUBIN, MD, Steven S CD
302 Cambridge Court
Palmyra PA 17078
HANGEN, MD, Norman M GP
Four Allison Road
Reading PA 19601
HANNA, MD, Ezzat A FP
600 High Boulevard
Kenhorst PA 19607

HARRIS, MD, Lawrence K CD
Community General Hospital
Reading PA 19603
HASSAN, MD, Joseph R IM
4201 Kutztown Road
Temple PA 19560
HASSEL, MD, Jeffrey L IM
640 Walnut Street
Reading PA 19601
HAUSER, MD, Raymond J * FP
The Lutheran Home
Topton PA 19562
HAWKE, MD, William * AN
29 Flint Ridge Road
Shillington PA 19607
HEFFERNAN, MD, J Michael IM
560 Van Reed Road
Wyomissing PA 19610
HEIFETS, MD, Michael NEP
200 Waring Road
Elkins Park PA 19117
HEISEY, MD, John C * IM
Route 422 & Old Airport Road
Douglassville PA 19518
HELLER, MD, Fredericka S M OBG
530 Kenhorst Boulevard
Reading PA 19611
HENNINGER, MD, William H AN
189 Oakmont Drive
Reading PA 19607
HERMANOVICH JR, MD, John CD
301 South Seventh Avenue
West Reading PA 19611
HEY JR, MD, E Berry CD
301 South Seventh Avenue
West Reading PA 19611
HIEHLE, MD, J Frederick R
301 South Seventh Avenue
West Reading PA 19611
HIGH, MD, Bertrand J * IM
270 Elizabeth Avenue
Sinking Spring PA 19608
HIMMELSTEIN, MD, Fred R EM
825 Redwood Avenue
Wyomissing PA 19610
HINRICHS, MD, Mark J IM
102-1 Springside Drive
Shillington PA 19607
HIRSH, MD, Paul D * CD
Berks Cardiologists Ltd
Reading PA 19604
HOFFMAN, MD, David A GYN
1330 Penn Avenue
Wyomissing PA 19610
HOLLIMAN, MD, Cecil J * EM
21 Fox Chase Drive
Hershey PA 17033
HOLM, MD, Eric K NS
606 Museum Road
Reading PA 19611
HOPKINS, MD, John E IM
1660 Penn Avenue
Wyomissing PA 19610
HORST, MD, Elmer L P
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Wyomissing PA 19610
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R D 3 Box 2082
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Wyomissing PA 19610
IMBER, MD, Irving IM
1422 Rose Virginia Road
Reading PA 19611
IMPINK, MD, Robert R GS
P O Box 176
Shillington PA 19607
INNIS, MD, Patricia A FP
900 North Fifth Street
Reading PA 19601
IZZO, MD, Domenic C OPH
560 Van Reed Road
Wyomissing PA 19610
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4201 Kutztown Road
Temple PA 19560
JAXHEIMER, MD, Eric C * VS
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Wyomissing PA 19610
JAY JR, MD, W Thomas IM
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Reading PA 19611
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1325 Girard Avenue
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JEWELL JR, MD, James H CDS
301 South Seventh Avenue
West Reading PA 19611
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R D 5 Box 364
Sinking Spring PA 19608
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2240 Penn Avenue
West Lawn PA 19609
JOHNSON, MD, Craig H NS
301 South Seventh Avenue
West Reading PA 19611

JOHNSON, MD, Herbert C NS
601 Spruce Street
West Reading PA 19611
JOHNSON, MD, William T * AN
170 Whitehall Road
Reinholds PA 17569
JONES, DO, Jeffrey J * FP
51 East Centre Avenue
Topton PA 19562
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KAPLAN, MD, Lawrence M * DR
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Reading PA 19603
KAPLAN, MD, Robin L PUD
1940 North 13th Street
Reading PA 19604
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West Reading Ophthalmic Assoc
West Reading PA 19611
KARABELNIK, MD, Don GP
325 East Lancaster Avenue
Shillington PA 19607
KASE, MD, James J IM
112 North 11th Street
Reading PA 19601
KASTENBAUM, MD, Michael IM
101 West Lancaster Avenue
Shillington PA 19607
KEARNEY, MD, John M GS
120 Prospect Street
Reading PA 19606
KEFFER, MD, William H OS
1424 Monroe Avenue
Wyomissing PA 19610
KEISER, MD, E Lee GP
310 Grace Community
Myerstown PA 17067
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Reading PA 19603
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Reading PA 19604
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Reading PA 19601
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Reading PA 19611
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301 South Seventh Avenue
West Reading PA 19611
KLEINER, MD, Anton J * GYN
301 South Seventh Avenue
West Reading PA 19611
KLEPPINGER, MD, Richard K GYN
301 South Seventh Avenue
West Reading PA 19611
KLUFT, MD, Richard P * P
301 South Seventh Avenue
West Reading PA 19611
KNIAZER, MD, Barry OBG
613 Davis Road
Cheltenham PA 19012
KOCHU, MD, Steve * END
560 Van Reed Road
Wyomissing PA 19610
KOHL, MD, Stephen D * OBG
601 Penn Street
Reading PA 19601
KOLTON, MD, Vladimir J GP
1448-50 Spruce Street
Reading PA 19602
KOREY JR, MD, Joseph J * OBG
250 North 12th Street
Reading PA 19604
KOVALSKY, MD, Kenneth FP
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KRALJEVIC, MD, Juan E IM
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Reading PA 19604
KRAMER, MD, Randall K * FP
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Mohnton PA 19540
KRAWITZ, MD, Paul L OPH
606 Court Street
Reading PA 19601

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Meadowood
Lansdale PA 19446
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1940 North 13th Street
Reading PA 19604
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Reading PA 19604
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Reading PA 19604
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LABOSH, MD, Timothy J FP
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LAMBERT, MD, Kenneth P GP
233 West Main Street
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LANE, MD, C Darrell ✱ PTH
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Reading PA 19612
LATMAN, MD, Stephen F ORS
2130 Penn Avenue
West Lawn PA 19609
LATTIN, MD, Gary M ✱ CD
Berks Cardiologists Ltd
Reading PA 19604
LAVIN, MD, Robert A PM
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LEASURE, MD, Nick C HEM
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West Reading PA 19611
LEE, MD, Jung S FP
24 North 11th Street
Reading PA 19601
LEE, MD, Jung-Pil ✱ U
318 North Fifth Street
Reading PA 19601
LEIGHT, MD, Robin L OBG
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Reading PA 19610
LEISAWITZ, MD, Elliott G ✱ IM
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Shillington PA 19607
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Reading PA 19604
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Reading PA 19601
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Reading PA 19603
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Leesport PA 19533
LOEPER, MD, Donald J FP
Route 100
Bally PA 19503
LONGENECKER, MD, FP
Benjamin E
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Temple PA 19560
LONGENECKER, MD, Roger N FP
East Penn Medical Center
Blandon PA 19510
LORD, MD, William H FP
918 Elizabeth Avenue
Reading PA 19605
LOUGH, MD, Frederick C CDS
1235 Penn Avenue
Wyomissing PA 19610
LOUGHEAD JR, MD, John R GYN
223 East Lancaster Avenue
Shillington PA 19607
LUECKE, MD, Gail A DR
301 South Seventh Avenue
Reading PA 19611

LUSCH, MD, Charles J ON
301 South Seventh Avenue
West Reading PA 19611
LUTZ, MD, Charles K OTO
222 North 12th Street
Reading PA 19604
LYNCH, MD, James D CD
59 Timberline Drive
Reading PA 19610
LYONS, MD, Clifford H FP
R D 4 Box 4221
Hamburg PA 19526
LYONS, MD, Daniel C GER
307 State Street
Hamburg PA 19526
LYSSY, MD, Kenneth M FP
200 North 13th Street
Reading PA 19604
MACMILLAN IV, DO, James P FP
Community General Hospital
Reading PA 19601
MAHMOOD, MD, Edna Z ✱ OPH
206 South Sixth Avenue
West Reading PA 19611
MAIORANA, MD, S Leroy OBG
1153 Penn Avenue
Wyomissing PA 19610
MAKATCHE, DO, Timothy J FP
First And Peach Streets
Leesport PA 19533
MALAK, MD, Timothy M GS
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Wyomissing PA 19610
MALICK, MD, Gerald P ✱ GYN
301 South Seventh Avenue
West Reading PA 19611
MANUBAY, MD, Marcelo A EM
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Reading PA 19602
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301 South Seventh Avenue
West Reading PA 19611
MARCUS, MD, Jerome I CLP
Omega Medical Laboratories
Wyomissing PA 19610
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1940 North 13th Street
Reading PA 19604
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Reading PA 19601
MARX, MD, Kenneth W FP
760 Wisteria Avenue
Reading PA 19603
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MASSENGALE, MD, ✱ OBG
Alexander T
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West Reading PA 19611
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Reading PA 19610
MATSKO, MD, Jane R FP
1031 Spruce Street
Philadelphia PA 19107
MATTHAI JR, MD, William H CD
C/O Berks Cardiologists
Reading PA 19604
MATTHEWS, MD, George R R
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Reading PA 19611
MAZUZ, MD, Meir CD
R D 4 Box 110-D
Reading PA 19606
MAZZA, MD, Patrick A FP
533 North Tenth Street
Reading PA 19604
MCCRAE, MD, Charles R ✱ ORS
1235 Penn Avenue
Wyomissing PA 19610
MCCRAE, MD, Marcia G ✱ PD
1235 Penn Avenue
Wyomissing PA 19610
MCLEAN, MD, James J IM
Saint Joseph Hospital
Reading PA 19603
MCTAMMANY, MD, J Robert OBG
102 Tasker Avenue
Shillington PA 19607
MEHARG JR, MD, John G ✱ IM
39 East Lancaster Avenue
Shillington PA 19607
MELLON, MD, Robert CHP
701 East Neversink Road
Reading PA 19606
MENACHE, MD, Michael P IM
P O Box 368
Birdsboro PA 19508
MENDELSOHN, MD, Eugene OBG
911 North 26th Street
Reading PA 19606
MENGEL, MD, Roger G PUD
301 South Seventh Avenue
West Reading PA 19611
MENGES JR, MD, Job F ORS
1424 Penn Avenue
Reading PA 19610

MENICHINO, MD, Anthony J GS
428 Walnut Street
Reading PA 19601
MERCURIO, MD, Teresa ON
301 South Seventh Avenue
West Reading PA 19611
MERCURO, MD, T John CD
119 Greensward
Cherry Hill NJ 08002
MEYERS, MD, John L EM
320 East Fourth Street
Shillington PA 19607
MILLER, MD, Jay B U
301 South Seventh Avenue
West Reading PA 19611
MINEHART, MD, Charles R CD
222 North 12th Street
Reading PA 19604
MINTZ, MD, Paul S ✱ AN
Reading Hospital & Med Center
Reading PA 19603
MIOTTO, MD, Karen A US
Reading Hospital
Reading PA 19612
MITNICK, MD, Paul D NEP
301 South Seventh Avenue
West Reading PA 19611
MOFFITT, MD, Vincent J ✱ PD
1258 Penn Avenue
Wyomissing PA 19610
MOLL, MD, Thomas B OPH
Van Reed Professional Bldg
Wyomissing PA 19610
MONDALA-OCBO, MD, Elisa V AN
Two Chip Lane
Shillington PA 19607
MORRIS JR, MD, Vernon R ✱ ORS
1601 Medical Drive
Pottstown PA 19464
MORRISSEY JR, MD, ✱ ORS
E James
1121 Penn Avenue
Wyomissing PA 19610
MORROW, MD, Bert A GS
12 Maple Avenue
Shillington PA 19607
MORSE, MD, Richard J PD
Exeter Pediatrics
Reading PA 19606
MOSER, MD, John C ✱ FP
Tvmc Box 529
Morgantown PA 19543
MOY, MD, Kai H PD
700 Orchard View Lane
Reading PA 19606
MUALLEM, MD, Nabil S OBG
2303 Wassner Drive Whitefield
Reading PA 19609
MUHLENBERG, MD, J Peter PD
1981 Bern Road
Wyomissing PA 19610
MULLIGAN, MD, Robert L ✱ NM
600 Brobst Street
Shillington PA 19607
NAGLE, MD, Arlington A GP
P O Box 97
Womelsdorf PA 19567
NAGY, MD, Robert D
150 North 11th Street
Reading PA 19601
NAPOLITANO, MD, Michael A PD
1305 Farr Road
Reading PA 19611
NASE, MD, P Kenneth OPH
206 South Sixth Avenue
West Reading PA 19611
NGUYEN, MD, Thach N CD
425 Sycamore Avenue
Clifton Heights PA 19018
NICHOLAS JR, MD, Peter D RHU
401 Buttonwood Street
West Reading PA 19611
NIEBAUM, MD, Albert H GP
R D 1 Box 363s
Cresco PA 18326
NIEHLS, MD, Beverly J FP
549 Linden Street
Reading PA 19604
NORD, MD, D Scott ORS
17 Mcilvain Drive
Downington PA 19335
NORRIS, MD, Robert B CD
Two Independence Place
Philadelphia PA 19106
OCONNOR III, MD, Thomas J OBG
23A Doral Drive
Reading PA 19607
ODONNELL, MD, Peter B FP
13Th And Walnut Streets
Reading PA 19604
OPLINGER, MD, Arthur F FP
2509 Perkiomen Avenue
Reading PA 19606
OROURKE, MD, Jo-Ann M FP
31 South Chestnut Street
Boyertown PA 19512
ORQUIZA, MD, Clodualdo S U
931 Penn Avenue
Wyomissing PA 19610
PACIULLI, MD, Raffaele ORS
200 North 13th Street
Reading PA 19604

PADIYAR, MD, Ramdas B ✱ AN
15 Gladwynn Drive
Reading PA 19606
PALLAS, MD, Randolph S CD
1639 Meadowlark Road
Wyomissing PA 19610
PAN, MD, Edward L ORS
200 North 13th Street
Reading PA 19604
PAOLINI, MD, Mauro J PD
1981 Bern Road
Wyomissing PA 19610
PARCELLA, MD, Phyllis A AN
Reading Hospital & Med Center
Reading PA 19611
PARIKH, MD, Shirish N IM
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Wyomissing Hills PA 19610
PATADIA, MD, Chandrakant IM
2309 Alsace Road
Reading PA 19604
PEARAH, MD, J David OPH
455 Penn Avenue
Sinking Spring PA 19608
PEARSON, MD, Harold W ✱ ORS
640 Walnut Street
Reading PA 19601
PELLECCHIA, MD, Dennis J ✱ AN
138 Deborah Drive
Wyomissing PA 19610
PELLEGRINI, MD, Vincent A OBG
119 Gail Circle
Wyomissing PA 19610
PENTA, MD, John M OTO
301 South Seventh Avenue
West Reading PA 19611
PERILSTEIN, MD, ✱ RHU
Michael D
200 North 13th Street
Reading PA 19604
PERLMUTTER, MD, Gordon S R
301 South Seventh Avenue
West Reading PA 19611
PEW IV, MD, Joseph N IM
178 Victoria Lane
Wyomissing PA 19610
PIEGARI, MD, Guy N CD
110 Deborah Drive
Wyomissing Hills PA 19610
PIXLER, MD, Mary G IM
Boxwood Paths
Fleetwood PA 19522
PLUCINSKY, MD, Francis C AN
403 Arrowhead Trail
Sinking Spring PA 19608
PLYMYER, MD, Ray E A
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Reading PA 19611
PODOLSKY, DO, Joel ✱ P
244 North Fifth Street
Reading PA 19601
POLITZER, MD, Frank E CD
200 North 13th Street
Reading PA 19604
POMERANTZ, MD, Philip A NEP
403 North 13th Street
Reading PA 19604
POTKONSKI, MD, Leopold A P
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Pottstown PA 19464
PROBST, MD, Susan J OBG
740 Penn Avenue
West Reading PA 19611
QUEREAU, MD, ✱ OPH
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Reading PA 19610
RAHMANIAN, MD, Nader IM
1222 South Alder Street
Philadelphia PA 19147
RAMSEY JR, MD, Harry E HEM
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West Reading 19611
REBER, MD, Howard F U
1310 East Wyomissing Blvd
Reading PA 19611
REED, MD, Clifford A ✱ N
301 South Seventh Avenue
West Reading PA 19611
REED, MD, Mark S CLP
333 Wheatland Avenue
Shillington PA 19607
REES, MD, David B ORS
401 Buttonwood Street
West Reading PA 19611
REICHARD, MD, Richard C ✱ GP
112 South Home Avenue
Topton PA 19562
REIDENBERG, MD, Leon US
C-01 1801 Cambridge Avenue
Wyomissing PA 19610
REIFSNYDER, MD, William H ✱ IM
560 Van Reed Road
Wyomissing PA 19610
REIGH, MD, Ernest E NS
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West Reading PA 19611
REINSEL, MD, Richard C GS
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222 North 12th Street
Reading PA 19604
REUBEN, MD, Mark S PD
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Wyomissing PA 19610
RIGHTMYER, MD, John N FP
122 North Fourth Street
Hamburg PA 19526
RIGHTS, MD, Theodore H GP
1164 North 13th Street
Reading PA 19604
ROBERTSON, MD, John J ✱ GP
30 East Main Street
Kutztown PA 19530
ROBINSON, MD, Michael L DR
60 Downing Drive
Wyomissing PA 19610
RODRIGUEZ, MD, Adolfo E GS
301 South Seventh Avenue
West Reading PA 19611
ROKE, MD, Albert D FP
Callowhill Medical Assoc
Reading PA 19601
ROMIG, MD, Ronald S CRS
301 South Seventh Avenue
West Reading PA 19611
ROSENZWEIG, MD, Seth E GE
301 South Seventh Avenue
West Reading PA 19611
ROTHFUSS, MD, Daniel A R
Reading Hospital & Med Center
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ROWAN, MD, Noel M ✱ IM
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Reading PA 19604
ROZANSKI, MD, Stanley J OM
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Reading PA 19602
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SACKS, MD, David R
Reading Hospital
Reading PA 19612
SAHOO, MD, Kashinath ✱ US
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Reading PA 19603
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Reading PA 19610
SCHARTEL, DO, Albert P GP
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Reading PA 19601
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Reading PA 19603
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137 East Penn Avenue
Robesonia PA 19551
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SEDA, MD, Hector J OTO
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Berks Anesthesia Assoc Inc
Reading PA 19604
SERRIAN JR, MD, John L IM
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SEXTON JR, MD, George L GYN
301 South Seventh Avenue
West Reading PA 19611
SHAFFER, MD, Eugene M GS
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West Reading PA 19611
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West Reading PA 19611
SHUMAN, MD, Nancy A IM
301 South Seventh Avenue
West Reading PA 19611
SIDHWA, MD, Dinshaw B FP
536 Franklin Street
Reading PA 19602
SILVERBERG, MD, Robert L FP
226 East Wyomissing Avenue
Mohnton PA 19540
SILVERMAN, MD, Edward J IM
301 South Seventh Avenue
West Reading PA 19611
SLAVISH, MD, Lydia G * OBG
1340 Penn Avenue
Wyomissing PA 19610
SMITH, MD, Barton L GE
301 South Seventh Avenue
West Reading PA 19611
SMITH, MD, Darrin S US
2092 Elder Street
Reading PA 19604
SMITH, MD, Raymond L PS
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Wyomissing PA 19610
SMITH, MD, Ronald E AN
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324 South Third Avenue
West Reading PA 19611
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Reading PA 19604
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200 North 13th Street
Reading PA 19604
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Reading PA 19604
STELMACH, MD, Peter IM
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Reading PA 19604
STELMACH, MD, W Peter FP
1500 Oak Lane
Reading PA 19604
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Reading PA 19601
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Reading PA 19609
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Reading PA 19601
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Reading PA 19601
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George E
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BHE, MD, H Kwan DR
80 Ancinetta Drive
Schnecksville PA 18078
BOBICK, MD, Frank ✱ OPH
R D 3
Tamaqua PA 18252
BOHRI, MD, James D R
Ten Hilton Road
Schnecksville PA 18078
BOSCHI, MD, ✱ OBG
Alessandro S
1305 Pin Oak Lane
Slatington PA 18080
COPE, MD, Edwin S IM
374 Harvard Avenue
Palmerton PA 18071
DAIT, MD, Jose E U
15 Fairview Drive
Lehighton PA 18235
DIAZ, MD, Floriel P ✱ GS
R D 1
Lehighton PA 18235
DIZON, MD, Gaudencio S GP
332-334 Center Street
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EVANS, MD, John J * GS
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Nesquehoning PA 18240
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Coaldale PA 18218
LEE, MD, Chung H AN
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LESHOCK, MD, Leon E IM
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Palmerton PA 18071
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Lehighton PA 18235
MAKHIJA, MD, Kailash R * OBG
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MEDINA, MD, Rodrigo D GP
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State College PA 16801
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PERSIC JR, MD, Louis A * DR
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State College PA 16801
PIATT III, MD, John E FP
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State College PA 16801
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GOLDSTEIN, MD, * OTO
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Berwick PA 18603
CAMPBELL, MD, Ernest W GP
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CAMPBELL, MD, Robert J FP
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Bloomsburg PA 17815
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250 Main Street
Catawissa PA 17820
CORSON, MD, Thomas C * OBG
Ten Penn Street
Bloomsburg PA 17815
CORTEZA, MD, Benjamin A IM
1407 Treeline Drive
Bloomsburg PA 17815
CRAKE, MD, Roger F * GS
699 East 16th Street
Berwick PA 18603
CRETELLA, MD, Thomas S FP
301 East Front Street
Berwick PA 18603
DELGATTO, MD, Louis J PD
27 East Fifth Street
Bloomsburg PA 17815
DELP, MD, Richard U GP
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1018 East Tenth Street
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Berwick PA 18603
GEGWICH, MD, Joseph F IM
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Berwick PA 18603
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Bloomsburg PA 17815
REESE, MD, Fred W GP
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Bloomsburg PA 17815
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Bloomsburg PA 17815
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Carlisle PA 17013
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Carlisle PA 17013
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Carlisle PA 17013
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R D 1
East Berlin PA 17316
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Carlisle PA 17013
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213 Winding Way
Camp Hill PA 17011
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Carlisle PA 17013
GREEN, MD, Joseph E * GP
274 Wilson Street
Carlisle PA 17013
GREEN, MD, Thomas J * ORS
220 Wilson Street
Carlisle PA 17013
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Carlisle PA 17013
HALL II, MD, Robert F R
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276 South West Street
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Camp Hill PA 17011
HOERNER, MD, Oscar G GP
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Mechanicsburg PA 17055
HOFFMAN, MD, Holly C PD
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Carlisle PA 17013
HOFFMAN, MD, J Lynn PD
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Carlisle PA 17013
HOUGH, MD, Rodney K FP
49 Brookwood Avenue
Carlisle PA 17013
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Ten West Pomfret Street
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LEWIS, MD, Gregory L GE
220 Wilson Street
Carlisle PA 17013
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Carlisle PA 17013
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BRUBAKER, MD, Warren W OM
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GRAF, MD, Kenneth W GS
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BRZOZOWSKI, MD, Jan F OBG
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North East PA 16428
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Erie PA 16506
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Erie PA 16507
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Erie PA 16502
KISH, MD, George F CDS
104 East Second Street
Erie PA 16507
KLAUS, MD, Thomas C IM
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Erie PA 16505
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Erie PA 16501
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217 West 11th Street
Erie PA 16501
KLIMAS, MD, Victor A NEP
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Erie PA 16502
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Erie PA 16506
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790 Huntington Drive
Erie PA 16505
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Erie PA 16550
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Erie PA 16508
LAMBERTON, MD, William D ✱ FP
213 East 41st Street
Erie PA 16504
LAMBERTON, MD, William F ✱ IM
213 East 41st Street
Erie PA 16504
LAMP, MD, Albert L OS
232 West 25th Street
Erie PA 16544
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Erie PA 16502
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Erie PA 16508
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Erie PA 16502
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Erie PA 16544
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Erie PA 16502
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Erie PA 16502
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Erie PA 16508
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PATNAM, MD, Sridhar V IM
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205 Easy Street
Uniontown PA 15401
REILLY, MD, Phillip E GP
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Waynesboro PA 17268
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WOLFINGER, MD, Walter L CD
203 Homewood Avenue
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54 North Morris Street
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MOORE, MD, Charles A OPH
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BADAMO, MD, Francis P GS
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Brockway PA 15824
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47 West Long Avenue
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Sykesville PA 15865
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Armond A
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Brockway PA 15824
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DESAI, MD, Meena B PUD
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FRANGOS, MD, James N R
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Scranton PA 18501
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FRATTALI, MD, August FP
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GAFFNEY, MD, John J IM
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746 Jefferson Avenue
Scranton PA 18501
GAREY, MD, Herman S OBG
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GAZMEN, MD, Candonino C GS
117 Susquehanna Avenue
Olyphant PA 18447
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225 Penn Avenue
Scranton PA 18503
MORI, MD, Hugo * U
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Scranton PA 18503
MORITZ, MD, Mordekhai GE
746 Jefferson Avenue
Scranton PA 18510
MORRIS, MD, Adrian J IM
1034 Main Street
Dickson City PA 18519
MOSKEL, MD, Peter FP
639 Jefferson Avenue
Scranton PA 18510
MOXEN, MD, John M R
746 Jefferson Avenue
Scranton PA 18501
MOYLAN, MD, Joseph E FP
602 South Webster Avenue
Scranton PA 18505
MURNIN, MD, Patrick J IM
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Dunmore PA 18512
NALEVANKO, MD, Albert M OTO
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Scranton PA 18503
NATHAN, MD, Radha * PD
746 Jefferson Avenue
Scranton PA 18510
NESE, MD, Anthony J * GS
1008 Medical Arts Building
Scranton PA 18503
NEVILLE, MD, Edwin C * TS
746 Jefferson Avenue
Scranton PA 18510
NEWMAN III, MD, William H FP
251 East Grove Avenue
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NEWTON, MD, Charles T N
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Scranton PA 18508
ONOFREY, MD, David * GS
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Scranton PA 18510
ORAM, MD, Melvin FP
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Scranton PA 18503
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Carbondale PA 18407
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PARRILLO, MD, Douglas W R
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ARTHUR, MD, Kenneth R PS
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AXELROD, DO, Norman M GS
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Lancaster PA 17602
BACHARACH, MD, Matthew D VS
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Lancaster PA 17602
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BACON, MD, Richard W FP
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New Holland PA 17557
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421 Main Street
Denver PA 17517
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Two South Broad Street
Lititz PA 17543
GROSH, MD, Paul R IM
1521 Ridge Road
Lancaster PA 17603
GROSH, MD, William K FP
711 Pershing Avenue
Ephrata PA 17522
GSCHWEND III, MD, Paul GS
822 Marietta Avenue
Lancaster PA 17603
HALPERN, MD, Barton L OPH
1532 Lititz Pike
Lancaster PA 17601
HAMMOND, MD, Charles P GP
449 West James Street
Lancaster PA 17603
HARGRAVE, MD, Hugh J AN
133 East Frederick
Lancaster PA 17602
HARNISH, MD, David M GS
208 West Main Street
Ephrata PA 17522
HARRIGER, MD, Miles D * GP
2081 Edgemont Drive
East Petersburg PA 17520
HARRISON, MD, Cynthia EM
30 Glenmore Circle
Lancaster PA 17601
HARTLEY, MD, David W FP
503 Rosemont Avenue
Parkesburg PA 19365
HARTMAN, MD, William F * OBG
1115 Marietta Avenue
Lancaster PA 17603
HASSEL JR, MD, Carl W D
275 Hess Boulevard
Lancaster PA 17601
HEFFERN, MD, James E PM
Millersville University
Millersville PA 17551
HEINLE JR, MD, * GS
Frederick J
1410 Ridge Road
Lancaster PA 17603
HEISTERKAMP III, MD, * GS
Charles A
719 North Duke Street
Lancaster PA 17602
HELM, MD, Robert C GP
108 South Church Street
Quarryville PA 17566
HELM JR, MD, John D IM
1913 Sterling Place
Lancaster PA 17601
HERSCHAFT, MD, Richard J D
203 North Lime Street
Lancaster PA 17602
HESS, MD, J Clair FP
Eastbrook Family Health Ctr
Ronks PA 17572
HESS, MD, Joseph B GP
2174 Old Philadelphia Pike
Lancaster PA 17602
HESS, MD, Paul G FP
514 South Broad Street
Lititz PA 17543
HINES, MD, Roderick E N
444 North Lime Street
Lancaster PA 17602
HOGG, MD, Susan M FP
County Line Medical Center
Gap PA 17527
HOKE JR, MD, Hugh H R
555 North Duke Street
Lancaster PA 17603
HOLDER, MD, Arthur J FP
562 West Second Avenue
Lititz PA 17543
HOOVER, MD, Carl H * PD
434 Wesley Palms
San Diego CA 92109
HOPKINS, MD, Robert G FP
Manheim Family Health Center
Manheim PA 17545
HORNICK, MD, Anthony M GS
555 North Duke Street
Lancaster PA 17603
HOUSMAN, MD, John H * OPH
558 North Duke Street
Lancaster PA 17602
HOWSE, MD, Robert M FP
743 St Joseph Street
Lancaster PA 17603
HUFFNAGLE, MD, Henry W U
P O Box 1604
Lancaster PA 17603
HUGHES, MD, David P ORS
609 North Cherry Street
Lancaster PA 17602

HULICK, MD, Peter R R
233 College Avenue
Lancaster PA 17603
HURSH, MD, Dale K * FP
14 Hess Boulevard
Lancaster PA 17601
HUTT, MD, Gordon H CD
1862 Sturbridge Drive
Lancaster PA 17601
IBARRA, MD, Joseluis CD
Conestoga Medical Associates
Lancaster PA 17603
IGLESIAS, MD, Manuel * OPH
822 Marietta Avenue
Lancaster PA 17603
IRIZARRY, MD, Carmen P P
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Lancaster PA 17601
IVY, MD, Mary E FP
2792 Madison Court
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131 East Frederick Street
Lancaster PA 17602
JEFFRIES, DO, Nancy E FP
33 Holly Drive
Leola PA 17540
JENS, MD, Kurtis D * P
142 East Chestnut Street
Lancaster PA 17602
JOHNS, MD, Milton W EM
R D 3 Pine Lane
Willow Street PA 17584
JOHNSON, MD, Carl G GP
585 Ridgeview Avenue
Elizabethtown PA 17022
JOHNSON, MD, Joan E OBG
531 North Lime Street
Lancaster PA 17602
JOHNSON, MD, Robert P * FP
676 East Main Street
New Holland PA 17557
JOHNSON JR, DO, Allan C GP
115 North Ninth Street
Akron PA 17501
JOHNSON JR, MD, Bertram L CD
622 North Queen Street
Lancaster PA 17603
JOHNSTON, MD, Eugene V GP
20 Pine Street
Christiana PA 17509
JONES, MD, Terrence H EM
130 South Penn Street
Manheim PA 17545
JOYCE, MD, Daniel J OS
1280 Lititz Pike
Lancaster PA 17601
KAMAKA, MD, Martina L FP
647 East Roseville Road
Lancaster PA 17601
KATZ, MD, Joseph * US
275 Blossom Hill Drive
Lancaster PA 17601
KAUFMAN, MD, Clark R A
2445 Marietta Avenue
Lancaster PA 17601
KAUR, MD, Manjeet PD
Lancaster General Hospital
Lancaster PA 17603
KEGEL, MD, Daniel P * OBG
1059 Columbia Avenue
Lancaster PA 17603
KEGEL, MD, Eugene E * OBG
1059 Columbia Avenue
Lancaster PA 17603
KEGEL, MD, Mary F D
1834 Oregon Pike
Lancaster PA 17601
KELLER, DO, Jon M EM
332 South State Street
Ephrata PA 17522
KEMP, MD, Robert M * FP
125 Roslyn Avenue
Lancaster PA 17602
KEMRER, MD, J Donald GP
536 North Duke Street
Lancaster PA 17602
KENDALL, MD, Leigh W GS
1314 Quarry Lane
Lancaster PA 17603
KENNA, MD, Joseph P EM
42 Valleybrook Drive
Lancaster PA 17601
KENT, MD, George M ORS
325 North Duke Street
Lancaster PA 17602
KEYSER, DO, Jeffrey A GS
996 East Orange Street
Lancaster PA 17602
KIERNAN, DO, James V EM
114 Suncrest Road
Lancaster PA 17601
KIM, MD, Achin PDA
2445 Marietta Avenue
Lancaster PA 17601
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Seven Lakes
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KOCHEL, MD, Randy L FP
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Gap PA 17527
KONTRA, MD, Joseph M ID
24 East James Street
Lancaster PA 17602
KREIDER, MD, Henry L GP
306 South Market Street
Elizabethtown PA 17022
KREIDER, MD, John K GP
2045 State Street
East Petersburg PA 17520
KREIDER, MD, Kathleen A FP
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New Holland PA 17557
KRESPAN, MD, Charles B OBG
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Lancaster PA 17602
KRISSINGER, MD, Robert C GP
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KRONENWETTER, MD, * OBG
Lois A
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Lancaster PA 17603
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194 Lake Meade Drive
East Berlin PA 17316
KUREY, MD, Robert J OS
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Lancaster PA 17602
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Leola PA 17540
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Strasburg PA 17579
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Lancaster PA 17602
LU, MD, Milton M PS
614 North Duke Street
Lancaster PA 17602
LUCAS, MD, Richard M EM
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Lancaster PA 17601
LUNDY, MD, Edward F TS
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Lancaster PA 17603
LYET, MD, J Paul ORS
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Lancaster PA 17603
MALEY, MD, Edward D ORS
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Lancaster PA 17602
MARTIN, MD, Arthur E IM
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MARTIN, MD, James S FP
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Lancaster PA 17602
MARTINI, MD, Enrico T * OBG
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Columbia PA 17512
MEARS, MD, Virginia G * P
R D 1
Millersville PA 17551
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MELLINGER, MD, Richard W IM
225 North Maple Street
Ephrata PA 17522
MESSNER, MD, Kenneth H OPH
420 North Duke Street
Lancaster PA 17602
MILLER, MD, C Eugene * GP
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Ephrata PA 17522
MILLER, MD, Gerald E FP
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Lancaster PA 17601
MILLER, MD, Parry J * R
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Lancaster PA 17601
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Lancaster PA 17602

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Ronks PA 17572
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1671 Oregon Pike
Lancaster PA 17601
MONDERO, DO, Nancy A OBG
2183 Oregon Pike
Lancaster PA 17601
MOORE, MD, Terence N * R
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Lancaster PA 17603
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130 Evergreen Drive
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NEIDHARDT, MD, Paul W GP
316 North Fifth Street
Denver PA 17517
NEUREUTER, MD, Louis J * PUD
25 East James Street
Lancaster PA 17602
NEWCOMER, MD, David L GS
2620 Miller Road
East Petersburg PA 17520
NUTTER, MD, David E P
Eight North Queen Street
Lancaster PA 17603
OBRIEN, MD, Karen A FP
555 North Duke Street
Lancaster PA 17603
OCKRYMIEK, DO, Douglas A P
Ephrata Community Hospital
Ephrata PA 17522
OCONNOR, MD, Thomas W FP
Four East Main Street
Mount Joy PA 17552
OCONOR JR, MD, G Thomas HEM
1875 Lititz Pike
Lancaster PA 17601
OLIN, MD, Stephen T FP
1029 Woods Avenue
Lancaster PA 17603
PALGUTA JR, MD, Robert F * FP
215 North Duke Street
Lancaster PA 17602
PALLEN, MD, Daniel * OPH
350 Sarsen Drive
Lititz PA 17543
PARKER, MD, Steven L GS
233 College Avenuee
Lancaster PA 17603
PARLIMENT, MD, Joel W IM
808 Pleasant View Drive
Ephrata PA 17522
PATEL, MD, * PUD
Harshadkumar B
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Lancaster PA 17603
PEARMAN, MD, Trevor J P
202 St Thomas Road
Lancaster PA 17601
PEART, MD, Raymond E ORS
217 Harrisburg Avenue
Lancaster PA 17603
PENCHANSKY, MD, Barry H FP
2444 Butter Road
Lancaster PA 17601
PETERSON, MD, Roger D * R
Lancaster General Hospital
Lancaster PA 17603
PETERSON JR, MD, Charles B IM
1800 Village Circle
Lancaster PA 17603
PHILLIPS, MD, John D GP
825 Mcgrann Boulevard
Lancaster PA 17601
PHILLIPS, MD, Spencer D FP
701 North Duke Street
Lancaster PA 17603
PIEPGRASS, MD, William C * GS
210 Third Street
Ephrata PA 17522
PLOURDE, MD, Paul V END
734 North Franklin Street
Lancaster PA 17602
PLUTNICKI, MD, Ronald S OBG
549 North Lime Street
Lancaster PA 17602
POHL, MD, Charles E U
P O Box 1604
Lancaster PA 17603
POKORNEY, MD, Bruce H GE
Lancaster Medical Center
Lancaster PA 17603
POLIN, MD, David G * PM
595 Norwood Place
Landisville PA 17538
PONTIUS, MD, John G GS
129-131 East Frederick Street
Lancaster PA 17602
PONTZ, MD, Jack B GP
647 East Roseville Road
Lancaster PA 17601
PORTER JR, MD, William F PUD
P O Box 3555
Lancaster PA 17603
POSEY, MD, Dale M OPH
465 West Second Avenue
Lititz PA 17543

PRANCKUN, MD, Peter J P
645 Millcross Road
Lancaster PA 17601
PRANCKUN, MD, Peter P GS
628 North Duke Street
Lancaster PA 17602
PRATT, MD, Robert S * FP
Willow Street Family Hlth Ctr
Willow Street PA 17584
PRICE, MD, Albert C PD
1725 Oregon Pike
Lancaster PA 17601
PROWELL, MD, Joseph W GP
133 Funk Street
Strasburg PA 17579
PURDY, MD, Richard T CDS
129-131 East Frederick Street
Lancaster PA 17602
RAAB, MD, David B GP
311 East Orange Street
Lancaster PA 17602
RAMBACH, MD, Leonard GP
634 Manor Street
Lancaster PA 17603
REESE, MD, Richard W RHU
Lancaster Arthritis Center
Lancaster PA 17603
REGAN, MD, Mark C PTH
250 College Avenue
Lancaster PA 17604
REVAK, DO, David M FP
211 Roosevelt Circle
Ephrata PA 17522
RICE, MD, Samuel A IM
1950 Marietta Avenue
Lancaster PA 17603
RIDGWAY, MD, William G * GP
115 North Ninth Street
Akron PA 17501
RIFFERT, MD, Paul M GS
1011 Lincoln Heights Avenue
Ephrata PA 17522
RIGANO JR, MD, Rudolph F IM
230 Medical Center Ste 2
Lancaster PA 17603
RILEY, MD, Jean G NPM
Lancaster General Hospital
Lancaster PA 17603
RIPPLE, MD, Paul H * OPH
558 North Duke Street
Lancaster PA 17602
ROBBINS, MD, Howard S AN
779 Stony Battery Road
Lancaster PA 17601
ROBBINS, MD, Warren J ORS
822 Mariett Avenue
Lancaster PA 17603
ROBERTS, MD, Haskell E GP
353 Main Street
Denver PA 17517
RODA, DO, David M AN
2485 Raleigh Drive
Lancaster PA 17601
ROGERS, MD, Albert K CD
808 Pleasant View Drive
Ephrata PA 17522
ROGEVICH, DO, Joseph E AN
1328 Valley Road
Lancaster PA 17603
ROMMEL, MD, Catherine T OPH
1349 Country Club Drive
Lancaster PA 17601
ROMMEL, MD, F Michael U
620 North Duke Street
Lancaster PA 17603
ROSCHEL, MD, Robert L * D
203 North Lime Street
Lancaster PA 17602
ROSENFELD, MD, David J OTO
195 Pinetown Road
Leola PA 17540
ROST, MD, Charles R END
2250 Erin Court
Lancaster PA 17601
ROTHACKER JR, MD, ORS
Gerald W
127 East Frederick Street
Lancaster PA 17602
ROTOR, MD, Marilyn L PM
250 College Avenue
Lancaster PA 17604
ROWAN, MD, Paul J GS
1277 Meadow Brook Road
Lancaster PA 17603
RUSSO, MD, Anthony F P
591 Stonehedge Drive
Lititz PA 17543
RUTT, MD, John M FP
503 Twin Elm Road
Strasburg PA 17579
RUTT JR, MD, Clarence H * GS
250 College Avenue
Lancaster PA 17604
RYNIER, MD, Donald L P
1049 Lambly Road
Landisville PA 17538
SAILER, MD, Dale W FP
146 East Main Street
Leola PA 17540
SAMITT, DO, Joel L FP
267 Little Creek Road
Lancaster PA 17601

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1909 Marietta Avenue
Lancaster PA 17603
SAUNDERSON JR, MD, PM
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Ralph E
307 North Maple Street
Ephrata PA 17522
SCHAEFFER, MD, William A IM
443 State Street
Lancaster PA 17603
SCHANTZ, DO, Beverly B AN
123 South Duke Street
Lancaster PA 17602
SCHANTZ, MD, John C PS
554 North Duke Street
Lancaster PA 17602
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R D 2 Box 188
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SCHMITT, MD, John J FP
44 Dennis Drive
New Providence PA 17560
SCHUBERT, MD, John J NEP
439 North Duke Street
Lancaster PA 17602
SCHULZ, MD, Jacob A * P
164 Hamilton Road
Lancaster PA 17603
SCIBAL, MD, Gary J FP
562 West Second Avenue
Lititz PA 17543
SCOTT, DO, Robert C GS
996 East Orange Street
Lancaster PA 17602
SEIPLE, MD, Harvey H DIA
1800 Village Circle
Lancaster PA 17603
SHARP JR, MD, John W OPH
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Lancaster PA 17601
SHERBAN, MD, Paul R DR
555 North Duke Street
Lancaster PA 17604
SHERTZER, MD, John H ORS
127 East Frederick Street
Lancaster PA 17602
SHULTZ, MD, Robert G IM
1309 Wheatland Avenue
Lancaster PA 17603
SIEBER, MD, Paul R U
620 North Duke Street
Lancaster PA 17603
SIEGER, MD, David D ORS
609 North Cherry Street
Lancaster PA 17602
SIEGRIST, MD, J Donald IM
457 Beechdale Road
Bird In Hand PA 17505
SIGAFOOS, EXEC SEC, Sally
137 East Walnut Street
Lancaster PA 17602
SIGMUND, MD, William J D
511 South Spruce Street
Lititz PA 17543
SILVERSTEIN, DO, Scott D PUD
955 East King Street
Lancaster PA 17602
SINGH, MD, Surender CD
622 North Queen Street
Lancaster PA 17603
SKEEN, MD, James T AN
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Lancaster PA 17604
SKINNER III, MD, Robert W GS
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SLENKER, MD, Kevin F AN
1046 Buchanan Avenue
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217 Harrisburg Avenue
Lancaster PA 17603
SMIGOCKI JR, MD, Gene C R
344 Koser Road
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SMITH, MD, Eugene C GP
647 East Roseville Road
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Lancaster PA 17603
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154 East Main Street
Leola PA 17540
STEINMAN, MD, Robert C PM
204 Butler Avenue
Lancaster PA 17601
STENGEL, MD, Robert J FP
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Lancaster PA 17603
STIEBER, MD, Scott F AN
133 East Frederick Street
Lancaster PA 17602
STONER, MD, Robert E EM
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STOUT, MD, William J GP
106 North Clay Street
Manheim PA 17545
STRANGARITY, MD, Joseph W FP
320 School Road
Denver PA 17517
STRITTMATTER, MD, John M FP
676 East Main Street
New Holland PA 17557
STUART, MD, Thomas J N
535 North Lime Street
Lancaster PA 17602
STULL, MD, Mark W AN
133 East Frederick Street
Lancaster PA 17602
SUMMERS, MD, Kermit L EM
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SUPPLE, MD, Edward W * CD
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SZUTOWICZ, DO, Michael P FP
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Akron PA 17501
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Lancaster PA 17603
TINDALL, MD, Herbert L FP
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Christiana PA 17509
TINDALL, MD, Janice C FP
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Lancaster PA 17602
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CHERNOFSKY, MD, ✱ PS
Michael A
1230 South Cedar Crest Blvd
Allentown PA 18103
CHOVANES, MD, George I ✱ NS
1210 South Cedar Crest Blvd
Allentown PA 18103
CHOWDARY, MD, Raj P ✱ PS
1230 South Cedar Crest Blvd
Allentown PA 18103
CHRISTINE, DO, Craig R FP
R D 2 Box 461a
Orefield PA 18069
CLEARY, MD, Cathleen A US
826 Delaware Avenue
Bethlehem PA 18015
COHEN, DO, Laurie A PD
1120 South Cedar Crest Blvd
Allentown PA 18103
COLA, DO, Carol D D
6213 Mertz Drive
Allentown PA 18104
COLLINS II, MD, J John AN
2903 Earhart Court
Orefield PA 18069
CONSTANTIN, MD, Luis CD
3340 Hamilton Boulevard
Allentown PA 18103
COOPERMAN, MD, Lee H AN
1912 Panama Street
Philadelphia PA 19103
CORNELL, MD, James F GE
451 Chew Street
Allentown PA 18102
CROLL, MD, Scott D GS
23Rd And Livingston Streets
Allentown PA 18104
CRUZ, MD, Edgardo S AN
3101 Trexler Boulevard
Allentown PA 18104
CUSTODIO, MD, Edgardo C DR
785 Wedgewood Road
Bethlehem PA 18017
DEANGELIS, DO, Patricia A ✱ FP
1791 Airport Road
Allentown PA 18103
DEEB, MD, Ramon J ✱ AN
Fairgrounds Medical Center
Allentown PA 18104
DESHPANDE, MD, Vilas K PD
811 North 19th Street
Allentown PA 18104
DEX, MD, Walter J ✱ DR
Allentown Hospital
Allentown PA 18104
DIBENEDETTO, MD, ✱ ORS
Thomas D
1230 South Cedar Crest Blvd
Allentown PA 18103
DICKSON JR, MD, Thomas B ORS
1730 Chew Street
Allentown PA 18104
DILCHER, MD, Robert H U
515 North Main Street
Allentown PA 18104
DIMICK, MD, Dean F IM
1210 South Cedar Crest Blvd
Allentown PA 18103
DOLL JR, MD, Robert B IM
2533 Walnut Street
Allentown PA 18104
DORSEY, MD, James T OBG
910 Turner Street
Emmaus PA 18049
DOTTOR, MD, Albinka J HEM
601 Delaware Avenue
Bethlehem PA 18015
DRY, MD, Frederick A GP
2347 Riverbend Road
Allentown PA 18103
DUBBS, MD, Alfred W ✱ CD
1443 Hamilton Street
Allentown PA 18102
DUNN, MD, Jerome ✱ AI
401 North 17th Street
Allentown PA 18104
DURKIN, MD, Raymond A US
1609 33Rd Street Sw
Allentown PA 18103
EARNEST, MD, Tamar D GS
1230 South Cedar Crest Blvd
Allentown PA 18103
EDDINGER, MD, Leo C ✱ FP
407 Oakwood Drive
Whitehall PA 18052
ENDRES, MD, Warren H ✱ GP
6000 Main Street
Fogelsville PA 18051
ENZMAN, DO, Patricia M GP
R D 1 Box 189
Orefield PA 18069
ESLER JR, MD, James W AN
451 Chew Street
Allentown PA 18102
FALCONE, MD, Domenico AN
2335 Riverbend Road
Allentown PA 18103
FARRELL, MD, Peter E ✱ OTO
1020 South Cedar Crest Blvd
Allentown PA 18103
FASSL, MD, Joseph J EM
2820 Oakland Road
Bethlehem PA 18017
FETTERMAN, MD, Henry H ✱ OBG
501 North 17th Street
Allentown PA 18104
FETZER, MD, Arthur E U
1230 South Cedar Crest Blvd
Allentown PA 18103
FIELD MUNVES, MD, ✱ RHU
Ellen M
Gateway Professional Center
Bethlehem PA 18017
FINK, MD, David M OBG
900 Mickley Road
Whitehall PA 18052
FINNEGAN, MD, Walter J ORS
40 South Cedar Crest Blvd
Allentown PA 18104
FISTER, MD, Frederick D ✱ GP
R D 6 Box 556
Allentown PA 18106
FITZGERALD, MD, James L OBG
3345 Highland Street
Allentown PA 18104
FITZSIMONS, MD, Thomas R DR
1301 South 24th Street
Allentown PA 18103
FOLLWEILER, MD, Barry R GP
326 North Main Street
Allentown PA 18104
FOX, MD, William F OM
Nine North Fourth Street
Coplay PA 18037
FRANKENFIELD, MD, ✱ IM
Bruce A
2200 Hamilton Street
Allentown PA 18104
FRIEDBERG, MD, Milton J ON
2200 Hamilton Street
Allentown PA 18104
FROESCHLE, MD, James E ✱ PD
P O Box 69
Swiftwater PA 18370
GALGON, MD, John P PUD
1162 Bellair Drive
Allentown PA 18103
GALTMAN, MD, Lawrence M PD
1120 South Cedar Crest Blvd
Allentown PA 18103
GARCIA, MD, Jose R ✱ IM
451 Chew Street
Allentown PA 18102
GARY, MD, Robert J U
1202 Deerfield Drive
Allentown PA 18104
GAYLOR, MD, Donald H GS
3761 Devonshire Road
Allentown PA 18103
GEARHART, MD, Lyster M ✱ OBG
334 North 26th Street
Allentown PA 18104
GEE, MD, William ✱ VS
1524 Linden Street
Allentown PA 18102
GELLER, MD, Michael H DR
1200 South Cedar Crest Blvd
Allentown PA 18105
GERCHMAN, MD, Leroy B ✱ US
3710 Hamilton Street
Allentown PA 18104
GINSBERG, MD, Gene H IM
1210 South Cedar Crest Blvd
Allentown PA 18103
GITTLEMAN, MD, Mark A GS
1210 South Cedar Crest Blvd
Allentown PA 18103
GLAZERMAN, MD, Larry R OBG
322 South 17th Street
Allentown PA 18104
GOLDFARB, MD, Daniel D P
121 North Cedar Crest Blvd
Allentown PA 18104
GOLDFARB, MD, Harold J ✱ OPH
2004 Allen Street
Allentown PA 18104
GOLDNER, MD, David B CD
3340 Hamilton Boulevard
Allentown PA 18103
GOLDSMITH, MD, Charles P OPH
930 South Hillview Road
Allentown PA 18103
GOOD, MD, Harry S GS
1711 Hamilton Street
Allentown PA 18104
GOODREAU, MD, James J ✱ CDS
401 North 17th Street
Allentown PA 18104
GOPAL, MD, T A OBG
401 North 17th Street
Allentown PA 18104
GORDON, MD, Charles A ✱ IM
1210 South Cedar Crest Blvd
Allentown PA 18103
GORDON, MD, Michael J OTO
1251 South Cedar Crest Blvd
Allentown PA 18103
GRASSI, MD, Joseph J ✱ PM
3907 Larkspur Drive
Allentown PA 18103
GRECO, MD, Timothy M GS
1605 South 33rd Street Sw
Allentown PA 19103
GREYBUSH, MD, Joseph N OBG
401 North 17th Street
Allentown PA 18104

GUARINO, MD, Edward F PS
2845 Huron Street
Allentown PA 18103
GUZZO, MD, Joseph C NEP
1230 South Cedar Crest Blvd
Allentown PA 18103
HALE, MD, Douglass S OBG
701 Harrison Street
Allentown PA 18103
HALIBEY, MD, Zirka M * OBG
4270 Rosewood Lane
Allentown PA 18104
HALLOCK, MD, Geoffrey PS
1230 South Cedar Crest Blvd
Allentown PA 18103
HAMADANI, MD, Houshang G P
2895 Hamilton Boulevard
Allentown PA 18104
HARRIS, MD, Stanley R TR
P O Box 568
Allentown PA 18105
HARRISON, MD, Drew S IM
50 South 18th Street
Easton PA 18042
HARTMAN, MD, Dorothy I S AN
R D 3 Box 587
Orefield PA 18069
HARTZELL JR, MD, George W GS
1210 South Cedar Crest Blvd
Allentown PA 18103
HARVEY, MD, Kenneth L GP
302 Walnut Street
Catasauqua PA 18032
HARWICK, MD, John D OTO
Fairgrounds Medical Center
Allentown PA 18104
HASTINGS JR, MD, Leo J * US
R D 1 Box 123
Kempton PA 19529
HEFFERNAN, MD, Andrew H PS
1621 North Cedar Crest Blvd
Allentown PA 18104
HEILIGMAN, MD, Nathan H GER
823 North 23rd Street
Allentown PA 18104
HENRIQUEZ, MD, Jack A EM
2280 Yorkshire Circle
Allentown PA 18103
HENRIQUEZ, MD, Liliana C PD
451 Chew Street
Allentown PA 18102
HENTOSH, MD, John P PD
401 North 17th Street 205
Allentown PA 18104
HERTZ, MD, Charles S GS
Pocono Lake Pres PA 18348
HERTZ, MD, Jonathan IM
1210 South Cedar Crest Blvd
Allentown PA 18103
HILL, MD, E Merton PH
1833 West Congress Street
Allentown PA 18104
HOFFMAN, MD, Arthur D * IM
3710 Hamilton Street
Allentown PA 18104
HOFFMAN, MD, William W GP
2416 Third Street
Whitehall PA 18052
HOFFMAN-TERRY, MD, IM
Margaret L
413 North Jasper Street
Allentown PA 18103
HOFFMANN, MD, Ursula M FP
P O Box 158
Center Valley PA 18034
HOLLAND, MD, Clarence A GS
222 North 28th Street
Allentown PA 18104
HOLLAND JR, MD, Clarence A GS
451 Chew Street
Allentown PA 18102
HOUIDES, MD, Athanasios C GS
219 North 17th Street
Allentown PA 18104
HUDSON JR, MD, Howard E * AN
1627 Chew Street
Allentown PA 18102
HUNTER, MD, Carol A * FP
615 Beverly Hills Road
Coopersburg PA 18036
HUTCHINSON, MD, Thomas A OBG
4887 Meadowview Drive
Macungie PA 18062
HYMAN, MD, Herbert L GE
401 North 17th Street
Allentown PA 18104
JAEGER, MD, Robert M * NS
1210 South Cedar Crest Blvd
Allentown PA 18103
JAFARI, MD, Nercy CDS
1941 Nottingham Road
Allentown PA 18103
JAFFE, MD, John S * U
1210 South Cedar Crest
Allentown PA 18103
JEFFERIS, MD, Earl S * OBG
401 North 17th Street
Allentown PA 18104
JOHNSON, MD, Charles F GPM
2881 Golf Circle
Emmaus PA 18049
JOHNSON, MD, Douglas E NEP
1230 South Cedar Crest Blvd
Allentown PA 18103
JONES, MD, David G * OPH
501 North 17th Street
Allentown PA 18104
JONES, MD, Stuart A US
1045 Treeline Drive
Allentown PA 18103
JUNG, MD, Jay Soo AN
R D 1 Box C-314
Quakertown PA 18951
KANWIT, MD, Bert A GS
281 Noxon Road
Poughkeepsie NY 12603
KARRON, MD, Betty * CHP
401 North 17th Street #208
Allentown PA 18104
KASPRENSKI, MD, Matthew A FP
2416 Third Street
Whitehall PA 18052
KASPRENSKI, MD, Matthew L IM
1483 Shelbourne Court
Allentown PA 18104
KASUMI, MD, Asao * GE
2200 Hamilton Street
Allentown PA 18104
KAUFMAN, MD, Barre D RHU
1405 North Cedar Crest Blvd
Allentown PA 18104
KAUFMAN, MD, Daniel D
1405 North Cedar Crest Blvd
Allentown PA 18104
KAUFMAN, MD, Jay H PUD
1210 South Cedar Crest Blvd
Allentown PA 18103
KAVCHOK, MD, Joseph OPH
5158 Cornerstone Road
Wescosville PA 18106
KEAN, MD, Dennis W PD
2839 Gordon Street
Allentown PA 18104
KEBLISH JR, MD, Peter A ORS
1730 Chew Street
Allentown PA 18104
KEIL, MD, Loretta W IM
912 Hawthorn Road
Allentown PA 18103
KELLEY JR, MD, Charles F * PD
1251 South Cedar Crest Blvd
Allentown PA 18103
KENVIN, MD, John E PD
1240 North 36th Street
Allentown PA 18104
KHUBCHANDANI, MD, Indru T CRS
1275 South Cedar Crest Blvd
Allentown PA 18103
KIBELSTIS, MD, John A PUD
1210 South Cedar Crest Blvd
Allentown PA 18103
KIESEL, MD, Robert OPH
400 North 17th Street
Allentown PA 18104
KIM, MD, Chung H NM
3081 Elm Drive
Allentown PA 18103
KIM, MD, Jin I AN
1158 Treeline Drive
Allentown PA 18103
KIM, MD, Kyu S PM
1736 Hamilton Street
Allentown PA 18104
KINTZEL, MD, James E NEP
1230 South Cedar Crest Blvd
Allentown PA 18103
KISTLER, MD, Kermit K OPH
1500 Lehigh Street
Allentown PA 18103
KLASKO, MD, Stephen K OBG
322 South 17th Street
Allentown PA 18104
KLECKNER, MD, Francis S * GE
1275 South Cedar Crest Blvd
Allentown PA 18103
KLOIN, MD, Jay E * IM
2572 Dogwood Circle
Emmaus PA 18049
KNAPPER, MD, Elizabeth J D
2250 Tilghman Street
Allentown PA 18104
KNECHT, MD, Charles L R
3131 College Heights Blvd
Allentown PA 18104
KNOUSE, MD, Mark C ID
1210 South Cedar Crest Blvd
Allentown PA 18103
KOCH, MD, Thomas J * OTO
1251 South Cedar Crest Blvd
Allentown PA 18103
KOHAN, DO, David A AN
451 Chew Street
Allentown PA 18102
KOPENHAVER, MD, * OBG
Donald B
1251 South Cedar Crest Blvd
Allentown PA 18103
KOPYT, DO, Nelson P * IM
4482 Jamestown Court
Allentown PA 18104
KRATZER, MD, Guy L * CRS
1447 Hamilton Street
Allentown PA 18102
KRAYNICK, MD, Benjamin M ORS
40 South Cedar Crest Blvd
Allentown PA 18104
KREITHEN, MD, Harold A
401 North 17th Street
Allentown PA 18104
KRICUN, MD, Robert DR
1202 North 36th Street
Allentown PA 18104
KRISCH, MD, Ronald A P
4081 Fawn Trail Road
Allentown PA 18104
KUCHARCZUK, MD, John B OBG
1357 Main Street
Northampton PA 18067
KUEHNER, DO, P Denis FP
R D 1 Box 189
Orefield PA 18069
KUNZ, MD, Harold G DR
3780 Fox Run Drive
Allentown PA 18103
LAM, MD, Carl A * OBG
401 North 17th Street
Allentown PA 18104
LANG, MD, Gregory M * OBG
401 North 17th Street
Allentown PA 18104
LAPOS, MD, Linda L * CRS
235 South Franklin Street
Allentown PA 18102
LEET, MD, Thomas E * DR
1247 North Cedar Crest Blvd
Allentown PA 18104
LEHRICH, MD, Henry E FP
825 North Cedar Crest Blvd
Allentown PA 18104
LEISTER, MD, C Merrill PD
1731 West Broad Street
Bethlehem PA 18018
LENTZ, MD, Robert E OS
2004 South Fifth Street
Allentown PA 18103
LERNER, MD, Samuel M AN
3655 Fox Run Drive
Allentown PA 18103
LESTER, MD, Mark C * NS
1210 South Cedar Crest Blvd
Allentown PA 18103
LEVIN, MD, Marc W D
1401 North Cedar Crest Blvd
Allentown PA 18104
LEVINE, MD, Arthur L * IM
50 South 18th Street
Easton PA 18042
LEVINE, MD, Charles R * ORS
1210 South Cedar Crest Blvd
Allentown PA 18103
LEVITT, MD, Lawrence P * N
1210 South Cedar Crest Blvd
Allentown PA 18103
LIEBERMAN, MD, Francis A GP
1751 Turner Street
Allentown PA 18104
LIEBERMAN, MD, Richard M * U
4488 Jamestown Court
Allentown PA 18104
LIEBERMAN JR, MD, Joseph A FP
Luther Crest Apartment 495
Allentown PA 18104
LIN, MD, Zwu-Shin R
1200 South Cedar Crest Blvd
Allentown PA 18105
LINDENFELD, MD, Arthur P
800 Hausman Road
Allentown PA 18104
LISTWA, DO, Howard M OBG
322 South 17th Street
Allentown PA 18104
LOMBOY, MD, Norma T IM
2949 Allen Street
Allentown PA 18104
LONGENHAGEN, MD, * IM
John B
2870 Meadowbrook Circle South
Allentown PA 18103
LORET DE MOLA, MD, US
J Ricardo
618 Delaware Avenue
Bethlehem PA 18015
LUSSER, MD, Martha A * N
1251 South Cedar Crest Blvd
Allentown PA 18103
LUTZ, MD, Raymond J DR
3615 Highland Street
Allentown PA 18104
LUTZ, MD, Ronald A EM
526 Mickley Road
Whitehall PA 18052
LYNCH, MD, Christopher G PM
1259 South Cedar Crest Blvd
Allentown PA 18104
MAFFEO, MD, Alphonse A AN
4767 Belmont Drive
Emmaus PA 18049
MAQUERA, MD, Andre G GS
3710 Hamilton Street
Allentown PA 18104
MARGRAF, MD, John W N
1251 South Cedar Crest Blvd
Allentown PA 18103
MARTIN, MD, Frederick H GP
R D 1 Box 95
Zionsville PA 18092
MARTIN, MD, Leslie F GP
36 North 12th Street
Allentown PA 18101
MARTZ, MD, Mark N TS
1275 South Cedar Crest Blvd
Allentown PA 18103
MARVI, MD, Davoud P
609 North 29th Street
Allentown PA 18104
MCCONNEL JR, MD, * OTO
Charles S
1259 South Cedar Crest Blvd
Allentown PA 18103
MCCULLOUGH JR, MD, * VS
James L
1275 South Cedar Crest Blvd
Allentown PA 18103
MCDONALD, MD, Kenneth M OS
1898 East Brookhaven Drive
Allentown PA 18103
MCDONOUGH, MD, Gerard A TS
1275 South Cedar Crest Blvd
Allentown PA 18103
MCGINLEY, MD, George W OPH
401 North 17th Street
Allentown PA 18104
MEADE, MD, Thomas D ORS
1730 Chew Street
Allentown PA 18104
MECCA, MD, John J * GP
3710 Hamilton Street
Allentown PA 18104
MELMAN, MD, Jay E GP
1020 South Barnsdale Road
Allentown PA 18103
MENGEL, MD, Charles L R
2041 Silva Lane
Moberly MO 65270
MERCADO, MD, Modesto G AN
451 Chew Street
Allentown PA 18102
MERKLE, MD, Larry N END
401 North 17th Street
Allentown PA 18104
MICHAEL, MD, Gary E FP
R D 3 17 Briarwood Court
Allentown PA 18104
MILLER, MD, Joseph A OBG
401 North 17th Street
Allentown PA 18104
MILLER, MD, Kerry D * RHU
3131 College Heights Blvd
Allentown PA 18104
MISENHIMER, MD, Martin D PD
281 Cherryville Road
Northampton PA 18067
MISHKIN, MD, Mark H IM
1251 South Cedar Crest Blvd
Allentown PA 18103
MITCHELL, MD, John F * P
2859 College Drive
Allentown PA 18104
MOERKIRK, MD, George E OM
806 South 25th Street
Allentown PA 18103
MOLDOVER, MD, Jonathan R PM
Fifth & St Johns Streets
Allentown PA 18103
MONTANER, MD, Carmen G * AN
R D 3 Box 722
Coopersburg PA 18036
MOORE, MD, Craig C PUD
451 Chew Street
Allentown PA 18102
MORFFI, MD, Oscar A PD
1701 Shenandoah Court
Allentown PA 18104
MORRIS, MD, Dennis L CD
4604 Belmont Drive
Emmaus PA 18049
MORRISON, MD, Alan N ON
3821 Trexler Boulevard
Allentown PA 18104
MORRISON, MD, Marjorie G P
803 North Wahneta Street
Allentown PA 18103
MORROW, MD, Robert A * NS
1210 South Cedar Crest Blvd
Allentown PA 18103
MOTRONI, MD, Alexsandra K IM
R D 2 Box 20a
Tamaqua PA 18252
MULLIN JR, MD, Edward M * U
1210 South Cedar Crest Blvd
Allentown PA 18103
MUNCHAK JR, MD, John GP
440 Ridge Avenue
Allentown PA 18102
MURPHY, MD, Brian P * U
1210 South Cedar Crest Blvd
Allentown PA 18104
MURPHY JR, MD, Robert X * HS
1230 South Cedar Crest Blvd
Allentown PA 18103
MUSSER, MD, David J GS
130 Cold Stream Court
Emmaus PA 18049
NADER, MD, Joseph N CD
401 North 17th Street
Allentown PA 18104
NEDWICH, MD, Alexander PTH
1461 Red Maple Lane
Allentown PA 18104
NICHOLAS, MD, Gary G GS
1210 South Cedar Crest Blvd
Allentown PA 18103
NORMINGTON II, MD, * OBG
Ernest Y
1815 Greenwood Road
Allentown PA 18103
OKUNSKI, MD, Walter J * PS
1230 South Cedar Crest Blvd
Allentown PA 18103
OLIVER, MD, Glen L OPH
400 17Th Street
Allentown PA 18104
ORDWAY JR, MD, Eugene E IM
3340 Hamilton Boulevard
Allentown PA 18103
ORR, MD, Paul L P
401 North 17th Street
Allentown PA 18104
OTERO, MD, Jorge A * US
1728 Jonathan Street
Allentown PA 18104
PANEBIANCO, MD, Antonio C CD
1230 South Cedar Crest Blvd
Allentown PA 18103
PAPOLA, MD, John S OTO
729 North 25th Street
Allentown PA 18104
PARSONS, EXEC SEC, Robert R
1620 Highland Street
Allentown PA 18102
PASCAL, MD, Joseph U
1251 South Cedar Crest Blvd
Allentown PA 18103
PATRIARCO, DO, Michael S OBG
2844 Crest Avenue South
Allentown PA 18104
PETERS, MD, Charles D IM
401 North 17th Street
Allentown PA 18104
PHELAN, MD, William J PD
1831 Linden Street
Allentown PA 18104
PIERZCHALA, MD, * FP
Thomas H
26Th Street And Emaus Avenue
Allentown PA 18103
POWERS, MD, Victor J * IM
451 Chew Street
Allentown PA 18102
PRAGER, MD, David * ON
Fairgrounds Medical Center
Allentown PA 18104
PROOTHI, MD, Subhash C ON
800 Ostrum Street
Bethlehem PA 18015
PURCELL, DO, Stephen M * D
3131 College Heights Blvd
Allentown PA 18104
PUSCHAK, MD, Russell B PD
401 North 17th Street
Allentown PA 18104
QUEVEDO, MD, Jonathan P PM
Fifth And St John Street
Allentown PA 18103
RADER, MD, Mark D * OBG
1251 South Cedar Crest Blvd
Allentown PA 18103
RADIO, MD, Gregory J * OBG
4405 Farm Drive
Allentown PA 18104
RAI, MD, Rajesh R
1829 Maplewood Lane
Allentown PA 18103
RAMOS-CARO, MD, Jose L * PD
1728 Jonathan Street
Allentown PA 18104
RAPHAEL, MD, Paul S PM
1314 Antler Court
Allentown PA 18104
RAPPAPORT, MD, Daniel M IM
1728 Jonathan Street
Allentown PA 18104
RAPPAPORT, MD, Melvin M GP
3321 Chestnut Avenue
Whitehall PA 18052
REINHARDT, MD, Pauline K OS
625 North Ott Street
Allentown PA 18104
REINHART, MD, John W GP
2200 Hamilton Street
Allentown PA 18104
RENINGER, MD, Charles W OBG
2200 Hamilton Street
Allentown PA 18104
RENTLER, MD, Russell J IM
7383 Hillcrest Drive
Macungie PA 18062
RESPET, MD, Patrick B ORS
1730 Chew Street
Allentown PA 18104
REX, MD, James C TS
3760 Manchester Road
Allentown PA 18104

RHODES, MD, Michael TRS
1210 South Cedar Crest Blvd
Allentown PA 18103
RHODES III, MD, Luther V ID
1210 South Cedar Crest Blvd
Allentown PA 18103
RIENZO, MD, Robert J * DR
1200 South Cedar Crest Blvd
Allentown PA 18105
RIETHER, MD, Robert D GS
1275 South Cedar Crest Blvd
Allentown PA 18103
RODENBERGER, MD, * OBG
Bruce M
1251 South Cedar Crest Blvd
Allentown PA 18103
ROLAND, MD, Frederick H FP
790 Spruce Street
Emmaus PA 18049
ROSEN, MD, Lester CRS
1275 South Cedar Crest Blvd
Allentown PA 18103
ROSEN, MD, Randy A NEP
1230 South Cedar Crest Blvd
Allentown PA 18103
ROSENAU, DO, Alexander M EM
819 North 24th Street
Allentown PA 18104
ROSENBERG, MD, Howard D DR
3741 Devonshire Road
Allentown PA 18103
ROSS, MD, Abraham AN
451 Chew Street
Allentown PA 18102
ROSS, MD, Daniel I * OPH
2004 Allen Street
Allentown PA 18104
ROSSMAN, MD, Max CHP
1444 Hamilton Street
Allentown PA 18102
ROTHENBERGER, MD, OTO
Marvin K
206 North Eighth Street
Allentown PA 18102
ROVITO, MD, Peter F * GS
102 Gary Road
Orefield PA 18069
RUHT, MD, Barry A * ORS
1401 North Cedar Crest Blvd
Allentown PA 18103
RYDER JR, MD, Kenneth G FP
5661 Hamilton Boulevard
Wescosville PA 18106
SADR, MD, Farrokh S * CDS
R D 2 Knollwood Drive
Emmaus PA 18049
SAMIES, MD, John H IM
1210 South Cedar Crest Blvd
Allentown PA 18103
SANDBERG, MD, James A CD
3340 Hamilton Boulevard
Allentown PA 18103
SARACHEK, MD, Norman S CD
1351 Highland Court
Allentown PA 18103
SARUBIN, MD, Daniel R DR
1815 Sherwood Road
Allentown PA 18103
SATOW, MD, Kevin M IM
502-202 Benner Road
Allentown PA 18104
SAWYNA, MD, Vitaly GS
2224 Liberty Street
Allentown PA 18104
SCARPINO, MD, Leo J * ORS
1401 North Cedar Crest Blvd
Allentown PA 18104
SCHADT JR, MD, Oliver S GP
721 Turner Street
Allentown PA 18102
SCHAEFFER, MD, Charles D GS
2170 Lehigh Parkway North
Allentown PA 18103
SCHAEFFER, MD, * OBG
Frances C
30 North Eighth Street
Allentown PA 18101
SCHENCK, MD, Paul H OPH
R D 1 Box 220
Breinigsville PA 18031
SCHRAGGER, MD, Alan H * D
1317 Hamilton Street
Allentown PA 18102
SCHWARTZ, MD, Michael D PD
2475 River Rock Drive
Macungie PA 18062
SCHWIEP, MD, Francis PUD
1210 South Cedar Crest Blvd
Allentown PA 18103
SCHWINGE, MD, Elaine A P
H101 Village Round
Wescosville PA 18106
SECKINGER, MD, Raymond P * P
451 Chew Street
Allentown PA 18102
SEWARDS, MD, Patrick M * ORS
246 North 18th Street
Allentown PA 18104
SHAFFER, DO, Linda E FP
300 Devon Drive
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Allentown PA 18102
SHAMPAIN, MD, Mark P * AI
3131 College Heights Blvd
Allentown PA 18104
SHANER, MD, Catharine L PD
1150 Edward Avenue
Allentown PA 18103
SHEETS, MD, James A CRS
1275 South Cedar Crest Blvd
Allentown PA 18103
SHIEH, MD, Kan C R
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Allentown PA 18102
SHIELDS, MD, Mary S AI
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Allentown PA 18104
SHOEMAKER, MD, Patricia L PD
401 North 17th Street
Allentown PA 18104
SHOLEVAR, MD, Farhad * P
1840 Sherwood Road
Allentown PA 18103
SHORE, MD, Stephen R * IM
2843 Tilghman Street
Allentown PA 18104
SIEGFRIED, MD, Myrtle M GP
2745 Parkway Boulevard
Allentown PA 18104
SILVERBERG, MD, Bruce J CD
3340 Hamilton Boulevard
Allentown PA 18103
SILVERBERG, MD, Daniel M * U
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Allentown PA 18103
SILVERMAN, MD, Howard A * FP
3131 College Heights Blvd
Allentown PA 18104
SILVERMAN, MD, Morton I CD
1323 Hamilton Street
Allentown PA 18102
SINCLAIR, MD, Michael C TS
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Allentown PA 18103
SINGER, MD, William H AH
451 Chew Street
Allentown PA 18102
SIPES, MD, Earl K GS
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Allentown PA 18103
SKWEIR, MD, Leon A P
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Allentown PA 18103
SMITH, MD, Charles F PD
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Allentown PA 18104
SMITH, MD, Jere P PD
811 North 19th Street
Allentown PA 18104
SMITH JR, MD, George S OBG
1139 Meadowbrook Circle West
Allentown PA 18103
SMOLINSKI, DO, William J IM
3096 Lindberg Avenue
Allentown PA 18103
SNYDER, DO, Richard K GP
868 Wyoming Street
Allentown PA 18103
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Allentown PA 18104
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Allentown PA 18102
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Souderton PA 18964
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4537 Foxtail Drive
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SPLAIN, DO, Dennis J * R
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Allentown PA 18102
STAMATAKOS, MD, Michael J R
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STASIK JR, MD, John J CRS
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Allentown PA 18104
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Allentown PA 18103
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Allentown PA 18102
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Allentown PA 18102
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Allentown PA 18104
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Wyoming PA 18644
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Sugar Notch PA 18706
BOBECK, MD, Joseph J * FP
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BOHN, MD, Mark W FP
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234 South River Street
Plains PA 18705
BONITA, MD, Raphael IM
234 South River Street
Plains PA 18705
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BOYLE, MD, Grace K DR
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Kingston PA 18704
BURNS SR, MD, Charles N * U
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Kingston PA 18704
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Hazleton PA 18201
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Wilkes Barre PA 18702
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CAVAN, MD, John F GP
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Hazleton PA 18201
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Hazelton PA 18201
CHOLLAK SR, MD, Joseph P GP
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364 Reynolds Street
Kingston PA 18704
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Wilkes Barre PA 18702
JACOBS, MD, Irvin PD
Machell And Sterling Avenues
Dallas PA 18612
JAMES, MD, Russell E FP
Rural Health Corp
Shickshinny PA 18655
JANERICH, MD, Albert D PM
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Wilkes Barre PA 18702
JANG, MD, Jang-Huei OTO
Hazleton National Bank Bldg
Hazleton PA 18201
JANJIGIAN, MD, Edward R * N
22 Pierce Street
Kingston PA 18704
JOHNSON, MD, Dorothy E GP
25 West Ross Street
Wilkes Barre PA 18702
JOSEPH, MD, Raymond J * GP
165 Carey Avenue
Wilkes Barre PA 18702
JULIUS, MD, Ernest L FP
245 East South Street
Wilkes Barre PA 18702
KADIS, MD, Milton H GP
210 Butler Street
Kingston PA 18704
KAFRISSEN, MD, Steven R P
149 Dana Street
Wilkes Barre PA 18702
KAMEEN, MD, Anthony J OPH
61 Summit Road
Mountaintop PA 18707
KAO, MD, Yu Song * N
166 Hanover Street
Wilkes Barre PA 18702
KATLIC, MD, Mark R TS
200 South River Street
Plains PA 18705
KENNEDY, MD, John N IM
39 La Salle Avenue
Shavertown PA 18708
KERR, MD, Robert M * IM
204 South Franklin Street
Wilkes Barre PA 18701
KERRIGAN, DO, Patrick J * GP
476 Hazle Avenue
Wilkes Barre PA 18702
KERSTEEN, EXEC DIR, *
Duane E
130 South Franklin Street
Wilkes Barre PA 18701
KETTRICK, MD, James P H ABS
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Hazleton PA 18201
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Wilkes Barre PA 18702
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Kingston PA 18704
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40 North Market Street
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Trucksville PA 18708
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Duryea PA 18642
LEASE, MD, John R ✱ ORS
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Hazleton PA 18201
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1730 East Broad Street
Hazleton PA 18201
LEHMAN, MD, Clinton J IM
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Dallas PA 18612
LENTINI, MD, J Charles FP
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Plains PA 18705
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Hazelton PA 18201
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Kingston PA 18704
LOFTUS, MD, Joseph A GP
Ten Union Street
Wilkes Barre PA 18705
LOMBARD, MD, Michael F FP
155 East Bennett Street
Kingston PA 18704
LONG, MD, Paul R D
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Hazleton PA 18201
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Kingston PA 18704
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Wilkes Barre PA 18702
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Noxen Medical Center
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Forty Fort PA 18704
MCGRANE, MD, Maria K FP
Dallas Corners Building
Dallas PA 18612
MCGRATH, MD, Edmund W GP
95D Manor Road
Edwardsville PA 18704
MENDELSSOHN, MD, Saul ✱ NEP
56 West Linden Street
Wilkes Barre PA 18702
MENIO, MD, John N FP
32 West Main Street
Plymouth PA 18651
MENON, MD, Vikram G IM
152 Cole Street
Hazleton PA 18201
MICHALAK, MD, William A PTH
Geisinger Medical Group
Wilkes Barre PA 18702
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610 Wyoming Avenue
Kingston PA 18704
MIELE, MD, Gerald B END
35 West Linden Street
Wilkes Barre PA 18702
MILLER, MD, G Geoffrey OPH
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Kingston PA 18704
MILSTEIN, MD, Harold J ✱ D
20 North Laurel Street
Hazleton PA 18201
MITCHELL, MD, Arthur B FP
141 South Maple Avenue
Kingston PA 18704
MITCHELL, MD, Carmella M IM
56 Vine
Pittston PA 18640
MOKYCHIC, MD, Walter E ✱ GP
42 North Pioneer Avenue
Shavertown PA 18708
MOORE, MD, David H GE
Pierce Medical Building
Kingston PA 18704
MOORE, MD, David S FP
245 East South Street
Wilkes Barre PA 18702
MORGART, MD, Douglas R EM
Seven Old North Road
Mountaintop PA 18707
MORRISON SR, MD, ✱ OPH
Joseph F
130 Forrest Road
Mountaintop PA 18707
MURPHY, MD, Michael F FP
540 Pierce Street
Kingston PA 18704
MYERS, MD, Charles E IM
610 Wyoming Avenue
Kingston PA 18704
MYERS, MD, Frederick B IM
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Kingston PA 18704
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Dallas PA 18612
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Hazleton PA 18201
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Kingston PA 18704
NORK, MD, Edward P OPH
199 James Street
Kingston PA 18704
NOVINGER, MD, Quentin T PD
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Wilkes Barre PA 18702
OBRIEN III, MD, Frank D ORS
185 Forest Road
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ODONNELL, MD, George J PD
272 South River Street
Wilkes Barre PA 18702
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Hazleton PA 18201

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Wilkes Barre PA 18702
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Luzerne PA 18709
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Plymouth PA 18651
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Hazleton PA 18201
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Wilkes Barre PA 18702
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Hazleton PA 18201
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44 West Bennett Street
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Wyoming PA 18644

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Kingston PA 18704
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Wilkes Barre PA 18705
RITTENBERG, MD, Michael H ✱ U
445 Wyoming Avenue
Kingston PA 18704
RIZZO, MD, Thomas F CD
610 Wyoming Avenue
Kingston PA 18704
ROBINSON, MD, Joseph PD
47 Pierce Street
Kingston PA 18704
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1740 East Broad Street
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Hazleton PA 18201
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Wilkes Barre PA 18701
RUGGIERO, MD, Nicholas J ✱ CD
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Plains PA 18705
RUMBAUGH, MD, Marshall U ✱ U
455 Wyoming Avenue
Kingston PA 18704
SAIDMAN, MD, Lester M ✱ FP
35 West Linden Street
Wilkes Barre PA 18702
SALAZAR, MD, Pedro A U
668 North Church Street
Hazleton PA 18201
SAMII, MD, Abdol H N
20 Reynolds Street
Kingston PA 18704
SANDS, MD, Jeffrey J ✱ NEP
56 West Linden Street
Wilkes Barre PA 18702
SARAS, MD, Peter L IM
10 West Chestnut Street
Hazleton PA 18201
SAVAGE, MD, Donald J OPH
390 Pierce Street
Kingston PA 18704
SAVAGE, MD, Peter J GP
28 Center Avenue
Plymouth PA 18651
SCHADE, MD, John F GS
271 North Cedar Street
Hazleton PA 18201
SCHEERS, MD, George F OBG
Center City Medical Complex
Hazleton PA 18201
SCHIANO, MD, Camille M A
20 North Laurel Street
Hazleton PA 18201
SCHIOWITZ, MD, Albert GS
35 West Linden Street
Wilkes Barre PA 18702
SCHIOWITZ, MD, Mark F ✱ GS
35 West Linden Street
Wilkes Barre PA 18702
SCHLESINGER, MD, Sam GP
218 West Tenth Street
Hazleton PA 18201
SCHMIDT, MD, Arnold P ✱ PTH
55 Spruce Street
Mountain Top PA 18707
SCHREINER, MD, ✱ GP
Glenwood R
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Wilkes Barre PA 18764
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26 Grace Drive
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69 West Union Street
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SCOTT, MD, Durelle T IM
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Kingston PA 18704
SCROBOLA, MD, Charles C GPM
638 Wyoming Avenue
Wyoming PA 18644
SEPROSKY JR, MD, Joseph C FP
540 Pierce Street
Kingston PA 18704
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SGARLAT, MD, Joseph R ORS
109 James Street
Kingston PA 18704
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219 North Sprague Avenue
Kingston PA 18704
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166 Hanover
Wilkes Barre PA 18702
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Conyngham PA 18219

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BLOISO, MD, Glenn T * U
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BLOM, MD, Bohen M F PTH
R D 3
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Williamsport PA 17701
COLE, MD, Charles E P
1740 Clarion Drive
Williamsport PA 17701
COLLINS, MD, Leonard R OBG
777 Rural Avenue
Williamsport PA 17701
CONWAY, MD, Cyril F OBG
1300 Woodmont Avenue
Williamsport PA 17701
COOPER, MD, Kenneth L OBG
777 Rural Avenue
Williamsport PA 17701
COZINE, MD, Richard A OPH
1420 Campbell Street
Williamsport PA 17701
DURRWACHTER, MD, Robert J GP
R D 2
Montoursville PA 17754
ECKER JR, MD, Herbert A PS
420 West Fourth Street
Williamsport PA 17701
ECKER SR, MD, Herbert A PS
420 West Fourth Street
Williamsport PA 17701
ENGLISH, MD, Joseph G EM
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Williamsport PA 17701
ERTEL, MD, D Gregory * GE
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Williamsport PA 17701
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Williamsport PA 17701
FINN, MD, Martha J B * IM
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Williamsport PA 17701
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Williamsport PA 17701
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Muncy PA 17756
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Williamsport PA 17701
GEORGY, MD, Farouk M * OBG
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Williamsport PA 17701
GINTER JR, MD, George C AN
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Williamsport PA 17701
GO, MD, Alfonzo H L AN
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Muncy PA 17756
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1020 Thompson Street
Jersey Shore PA 17740
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Williamsport PA 17701
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Jersey Shore PA 17740
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Williamsport PA 17701
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27 South Washington Street
Muncy PA 17756
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R D 3 Box 415
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830 First Avenue
Williamsport PA 17701
HEERE, MD, Barbara A IM
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Williamsport PA 17701
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HEYMAN, MD, David C AN
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Williamsport PA 17701
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HOFSTROM, MD, Glen T FP
145 Shaffer Street
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HONG, MD, Soo W OTO
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State College PA 16803
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Montoursville PA 17754
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Williamsport PA 17701
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Williamsport PA 17701
STRYKER, MD, Allan K * PS
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Williamsport PA 17701
SUTER, MD, Harry J * CD
699 Rural Avenue
Williamsport PA 17701
SWARTZ, MD, Stan H FP
24 Country Road
Lewisburg PA 17837
TAYLOR, MD, Arthur R * FP
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Williamsport PA 17701
TIGNOR, MD, Richard F * OPH
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Williamsport PA 17701
TOBIAS, MD, Richard B GER
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TOBIASZ, MD, Christopher * CD
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TODHUNTER, MD, William D GS
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Williamsport PA 17701
TODHUNTER, MD, William J * GS
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TOMACK, MD, Lawrence S PM
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TUFFAHA, MD, Hani J * NS
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VANDERLIN, MD, Robert L US
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WADE, MD, Franklin G GS
1305 Campbell Street
Williamsport PA 17701
WAGNER, MD, W John GP
531 Broad Street
Montoursville PA 17754
WASILEWSKI JR, MD, Charles L D
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Williamsport PA 17701
WEANER JR, MD, Howard H FP
11 North Main Street
Montgomery PA 17752
WEAVER, MD, Don K PTH
777 Rural Avenue
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WEBER, MD, Stephen F ID
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Williamsport PA 17701
WETSTONE, MD, Jeffrey B * FP
699 Rural Avenue
Williamsport PA 17701
WILLIAMS, MD, A Claude P
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WITTHOFF JR, MD, Elmer M FP
306 Allegheny Street
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Williamsport PA 17701
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Williamsport PA 17701
WOROBEC, MD, Russell N ORS
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BENTZ, MD, Charles R * GP
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Bradford PA 16701
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JUNG, MD, Tinliung OBG
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KAPLAN, MD, Barry R G * GS
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NAYAK, MD, Narayan PD
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OCAMPO, MD, Renato G GS
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Milton PA 17847
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BAKER, MD, Michael P OTO
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Danville PA 17821
BALZ, MD, Thomas P IM
Geisinger Medical Center
Danville PA 17822
BANNETT, DO, Gregg A OPH
303 Orange Street
Danville PA 17821
BARNA, MD, Nicholas J OPH
Geisinger Medical Center
Danville PA 17822
BARTONE, MD, Francis F U
Geisinger Clinic
Danville PA 17822
BATES, MD, James S OBG
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BATES JR, MD, Ollice NEP
Geisinger Medical Center
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BAXTER, MD, John A DR
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BAXTER, MD, Louis E IM
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BECK, MD, Bonny L OPH
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Dubois PA 15801
BECK, MD, Laurence H IM
110 West Market Street
Danville PA 17821
BECKER, MD, Keith R OTO
106 Maple Street
Danville PA 17821
BEECHAM, MD, Clayton T OBG
R D 1
Sunbury PA 17801
BEILER, MD, David D * TR
Geisinger Medical Center
Danville PA 17822
BENKOVIC, MD, Gregory W IM
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BENOIT, MD, Charles H TS
Geisinger Medical Center
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BERBERICH, MD, Joel J AN
1200 Avenue E
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BHATIA, MD, Shyamsunder D
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Geisinger Med Ctr Dept Of Fp
Danville PA 17822
BISORDI, MD, Joseph E NEP
Geisinger Medical Center
Danville PA 17822
BITTERLY, MD, Thomas J PS
Geisinger Medical Center
Danville PA 17822
BLACKBURN, DO, James H PUD
Geisinger Medical Center
Danville PA 17822
BLANKENSHIP, MD, James C CD
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BLENKO, MD, John W AN
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CADMAN, MD, Thomas E N
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Danville PA 17822
CAHILL, MD, Thomas J * GE
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Danville PA 17822

CARLETON, MD, Marta J R
Three Cotswold
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CARLSON, MD, John P N
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CASSIDY, MD, Harvey D FP
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Danville PA 17822
CERA JR, MD, Peter J PTH
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Danville PA 17822
CLARY, MD, Anthony R OBG
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Danville PA 17822
CLEMENT, MD, John A TR
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Danville PA 17822
COCHRAN, MD, William J PD
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Danville PA 17822
COHEN, MD, Mark H PDC
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COLE, MD, James M OTO
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ELLISON, MD, Neil M ON
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EVANS, MD, James F * GS
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EYERLY, MD, Robert C ON
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FAVINO, MD, C James PTH
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GALLAGER, MD, James G ON
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GATSKI, MD, Robert L P
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Danville PA 17821
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JEFFREYS, MD, William H N
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MENAPACE JR, MD, Francis J CD
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NATIVIDAD, MD, Nita C TR
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NEWMAN, MD, Eric D RHU
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NOTZ, MD, Robert G OPH
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101 The Highlands
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Easton PA 18042
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Easton PA 18042
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Hellertown PA 18055
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Bethlehem PA 18018
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Bethlehem PA 18018
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49 East Center Street
Nazareth PA 18064
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Easton PA 18043
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Bethlehem PA 18015
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Bethlehem PA 18017
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Bethlehem PA 18018
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Bethlehem PA 18017
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BORAN, MD, Thomas V OTO
1822 Ridgewood Road
Orwigsburg PA 17961
BOYSEN, MD, Homer GP
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Mahanoy City PA 17948
BROWN III, MD, Dewitt C ORS
313 Washington Street
Pottsville PA 17901
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199 Dock Street
Schuylkill Haven PA 17972
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119 Avenue B
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CURRY, MD, Thomas A PD
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Pottsville PA 17901
DANKMYER, MD, Frederick L OPH
419 West Market Street
Pottsville PA 17901
DARKES, MD, William IM
204 South Warren Street
Orwigsburg PA 17961
DAWSON, MD, Michael H O ORS
309 West Market Street
Pottsville PA 17901
DELP, MD, Charles W FP
38 North Second Street
St Clair PA 17970
DINICOLA, MD, Arthur N IM
28 Sunbury Street
Minersville PA 17954
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211 East Broad Street
Tamaqua PA 18252
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Ashland PA 17921
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Gordon PA 17936
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Pottsville PA 17901
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Meyersdale PA 15552
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MARTIN, DO, Elvin L FP
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MCKEE, MD, Wayne O GS
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MORRIS, MD, Eleanor G GP
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Somerset PA 15501
NAIR, MD, V Krishnan CD
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NAYAK, MD, Satish R OBG
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131 Meyers Avenue
Meyersdale PA 15552
RYAN, MD, William C * P
917 West Main Street
Somerset PA 15501
SANTOS, MD, Rodolfo R * GP
229 Dale Street
Meyersdale PA 15552
SHARIAT, MD, Iraj OPH
204 South Center Avenue
Somerset PA 15501
SINGH, MD, Ajay P * PD
614 South Franklin Avenue
Somerset PA 15501
TENSUAN JR, MD, Leonardo S IM
433 West Main Street
Somerset PA 15501
THOMAS, MD, Nathan O FP
349 Main Street
Meyersdale PA 15552
TRENTON, DO, Walter D * OBG
223 South Pleasant Avenue
Somerset PA 15501
VANANTWERP, MD, Kenneth J FP
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Berlin PA 15530
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Gray PA 15544
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Sidman PA 15955
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142 East Church Street
Somerset PA 15501
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Meyersdale PA 15552
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1509 Rosewood Lane
York PA 17403
KURZ, MD, Susan D US
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York PA 17403
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Wellsville PA 17365
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York PA 17402
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York PA 17403
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2340 Eastern Boulevard
York PA 17402
LANDIS, MD, Robert C PD
1620 South Queen Street
York PA 17403
LANDIS, MD, William A IM
924B Colonial Avenue
York PA 17403
LANGER, MD, D Morton * GP
1800 East Market Street
York PA 17402
LANPHER, MD, Gregory B AI
2124 South Queen Street
York PA 17403
LAPES, MD, George A * P
1600 South George Street
York PA 17403
LAUCKS, MD, Stephen O AN
1620 South Queen Street
York PA 17403
LAUCKS II, MD, Samuel S * GS
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York PA 17403
LAUCKS JR, MD, Stanley P DR
1935 Security Drive
York PA 17402
LAWRENCE, MD, John J OBG
1748 Chesley Road
York PA 17403
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York Hospital Family Prac Ctr
York PA 17405
LEBOUITZ, MD, Stanton S * D
195 Leader Heights Road
York PA 17402
LEHMANN, MD, Dale E IM
1001 South George Street
York PA 17405
LEICHT, MD, John P DR
2850 Larchmount Drive
York PA 17404
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York PA 17402
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Hanover PA 17331
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York PA 17403
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2171 Blenheim Court
York PA 17403
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112 Townsend Court
York PA 17402
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466 Country Club Road
York PA 17403
LISS, MD, Jonathan NPM
138 East Springettsbury Avenu
York PA 17403
LITRENTA, MD, David E FP
716 Loucks Road
York PA 17404
LOSS, DO, Beth A * OS
2471 South Queen Street
York PA 17402
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York PA 17403
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York PA 17403
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York PA 17403
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Hanover PA 17331
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York PA 17402
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401 Allegheny Avenue
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York PA 17403
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129 North Stephen Place
Hanover PA 17331
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York PA 17403
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York PA 17405
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York PA 17403
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York PA 17403
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York PA 17403
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York PA 17404
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York PA 17403

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1717 Green Street
Philadelphia PA 19130
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Philadelphia PA 19140
AGUS, DAVID B ST
419 South 13th Street
Philadelphia PA 19147
AHRENSFIELD, DEBRA C ST
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Philadelphia PA 19107
AHRENSFIELD, MARGARET M ST
6201 North 10th Street
Philadelphia PA 19141
AIMINO, BARBARA J ST
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Philadelphia PA 19102
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ATKINSON, CHARLES A ST
36Th And Hamilton Walk
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1306 West 72nd Street
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ATWI, CELINA A ST
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AULT, GLENN T ST
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Philadelphia PA 19128
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Philadelphia PA 19127
BYRON, MARY C ST
950 Walnut Street
Philadelphia PA 19107
CABRY JR, ROBERT J ST
826 Hood Road
Swarthmore PA 19081
CAIN, BRIAN S ST
259 South 46th Street
Philadelphia PA 19139
CAIRGLE, RODERICK G ST
427 West Chelten Avenue
Philadelphia PA 19144
CALDWELL, J MICHAEL ST
A202 Summit Gardens
Philadelphia PA 19128
CALIENDO, MARK V ST
1505 Green Street
Philadelphia PA 19130

CAMPBELL, CONNIE J ST
309-D Shawmont Avenue
Philadelphia PA 19128
CAMPBELL, JEFFREY W ST
117 South 10th Street
Philadelphia PA 19107
CARDINAL, MARK S ST
3650 Chestnut Street
Philadelphia PA 19104
CARDONE, RICHARD A ST
3408 Sunnyside Avenue
Philadelphia PA 19129
CAREY III, WILFRED ST
4000 Gypsy Lane
Philadelphia PA 19144
CARNEGIE, MARGARET L ST
140 Townsend Drive
Hummelstown PA 17036
CARPENTER, LINDA L ST
109 East Cuthbert Boulevard
Westmont NJ 08108
CARPOUSIS, AVRA H ST
114 Hedgerow Lane
Reading PA 19606
CARRATO, ANTHONY M ST
950 Walnut Street
Philadelphia PA 19107
CARTER, DAVID L ST
925 Latimer Street
Philadelphia PA 19107
CARTWRIGHT, SCOTT R ST
2845 Warren Road
Indiana PA 15701
CASSON, LISA N ST
5500 Wissahickon Avenue
Philadelphia PA 19144
CASTOR, STANLEY A ST
3904 Spruce Street
Philadelphia PA 19104
CERNADAS, MANUELA ST
212 Columbia Avenue
Metuchen NJ 08840
CESANEK, JOSEPH E ST
7564 Seemsville Road
Northampton PA 18067
CHANG, DAVID W ST
1324 Locust Street
Philadelphia PA 19107
CHANG, JOHN ST
6633 North Third Street
Philadelphia PA 19126
CHASE, JEFF M ST
8201 Henry Avnue
Philadelphia PA 19128
CHAWLA, RAKESH R ST
201 South 11th Street
Philadelphia PA 19107
CHEN, ROLAND N ST
17 Appletree Court
Philadelphia PA 19106
CHEN, TAI-WEN ST
450 Domino Lane
Philadelphia PA 19128
CHEN, WENDY Y ST
3650 Chestnut Street
Philadelphia PA 19104
CHENG, CYNTHIA ST
1000 Walnut Street
Philadelphia PA 19107
CHERNESKIE, THOMAS J ST
Five University Manor East
Hershey PA 17033
CHERNIAK, DAVID ST
802 Philo Street
Scranton PA 18508
CHESAR JR, THOMAS ST
325 North 15th Street
Philadelphia PA 19102
CHESNEY, DAVID S ST
103 University Manor East
Hershey PA 17033
CHEUNG, CATHERINE W ST
325 North 15th Street
Philadelphia PA 19102
CHIARAMONTE III, ANTHONY ST
8201 Henry Avenue
Philadelphia PA 19128
CHILDS-ROSHAK, JENNIFER ST
817 North Bucknell Street
Philadelphia PA 19130
CHISOLM, OLETHA E ST
325 North 15th Street
Philadelphia PA 19102
CHIZEVER, GARY E ST
922 Pine Street
Philadelphia PA 19107
CHMIELEWSKI, MICHAEL J ST
221 South Easton Road
Glenside PA 19038
CHMIELEWSKI, PAUL W ST
5647 North 20th Street
Philadelphia PA 19144
CHRIST, MICHAEL J ST
92 University Manor
Hershey PA 17033
CHRISTAKIS, DIMITRI A ST
329A Kater Street
Philadelphia PA 19147
CHUN, ANDREW B ST
1014 Clinton Street
Philadelphia PA 19107

CIAIO, CAROLE-JAY ST
8200 Henry Avenue
Philadelphia PA 19128
CICILIONI JR, ORLANDO J ST
950 Walnut Street
Philadelphia PA 19107
CINDRICK, LORI L ST
1207 West Allegheny Avenue
Philadelphia PA 19133
CLARK, JOSEPH D ST
13 University Manor East
Hershey PA 17033
CLUTE, HOLLY L ST
1209 Rodman Street
Philadelphia PA 19147
COATS, THOMAS D ST
1324 Locust Street
Philadelphia PA 19107
COBBINAH, INGENUE F ST
3600 Chestnut Street
Philadelphia PA 19104
COBBS, ELIZABETH J ST
1322 West Hinting Park Avenue
Philadelphia PA 19140
COHEN, BETH I ST
3352 Tilden Street
Philadelphia PA 19129
COHEN, RANDOLPH B ST
University Of Pa Box 523
Philadelphia PA 19104
COLE, JOHN S ST
3606 Baring Street
Philadelphia PA 19104
COMBER, PAUL G ST
74-13 Drexelbrook Drive
Drexel Hill PA 19026
CONNELL, DANIEL C ST
3009 Jefferson Avenue
Glenside PA 19038
CONSLATO, PAUL M ST
950 Walnut Street
Philadelphia PA 19107
CONWAY, DANIEL H ST
1118 Allston Street
Havertown PA 19083
CONWELL, MARIA A ST
21 West Sixth Street
Bridgeport PA 19405
COONEY, CHRISTOPHER G ST
117 North 15th Street
Philadelphia PA 19102
COONEY, MARINA J ST
4040 Pechin Street
Philadelphia PA 19128
COOPER, MARJORIE R ST
42 Kratz Road
Perkiomenville PA 18074
COOPER, MITCHELL E ST
1602 Benjamin Drive
Ambler PA 19002
CORLEY, DOUGLAS A ST
4650 Hazel Avenue
Philadelphia PA 19143
CORWIN JR, DOUGLAS T ST
950 Walnut Street
Philadelphia PA 19107
COSTA, MARC L ST
3916 Delancey Street
Philadelphia PA 19104
COTTER, JOHN T ST
331 Jonathan Court
Hummelstown PA 17036
COVATTO, ROSEANN H ST
3568 Cresson Street
Philadelphia PA 19129
CRAWFORD, JAMES E ST
2315 South Street
Philadelphia PA 19146
CROLL, TRACY L ST
3513 Indian Queen Lane
Philadelphia PA 19129
CROWDER III, ROWE S ST
834 Chestnut Street
Philadelphia PA 19107
CROWLEY, KURT R ST
1305 Spruce Street
Philadelphia PA 19107
CUNNINGHAM, HETTY ST
3650 Chestnut Street
Philadelphia PA 19104
DAMATO, THOMAS A ST
224 Nippon Street
Philadelphia PA 19119
DAMICO, ANTHONY V ST
3600 Chestnut Street
Philadelphia PA 19104
DAMITZ, LYNN A ST
325 North 15th Street
Philadelphia PA 19102
DANDEGIAN, ALBERT N ST
2149 Lardner Street
Philadelphia PA 19149
DANDREA, LINDA A ST
507 South Ninth Street
Philadelphia PA 19147
DANIELS, FELICIA B ST
1100 Newportville Road
Croydon PA 19020
DANYO JR, J JOSEPH ST
1000 Walnut Street
Philadelphia PA 19107

DASHER, JAMES ST
3650 Chestnut Street
Philadelphia PA 19104
DAVIDHEISER, SHARON I ST
R D 4
Pottstown PA 19464
DAVILA, ALVARO D ST
3650 Chestnut Street
Philadelphia PA 19104
DAVILA, RENE ST
2717 Wilbur Avenue
San Jose CA 95127
DAVINE, JOHN E ST
3120 Schoolhouse Lane
Philadelphia PA 19144
DAVIS, TAMMI D ST
1260 Presidential Drive
Greenville DE 19807
DAWSON, E SCOTT ST
4063 Balwynne Park Road
Philadelphia PA 19131
DEBACCO, PAUL ST
114 Bridle Lane
Lower Gwynedd PA 19002
DEBRAKELEER, DONALD J ST
4063 Balwynne Park Road
Philadelphia PA 19131
DEEMS, DANIEL A ST
13 Magnolia Lane
Hamilton Township NJ 08610
DELROSARIO, ROBERT G ST
117 North 15th Street
Philadelphia PA 19102
DEMICHELE, ANDREW H ST
1285 Clubhouse Road
Gladwyne PA 19035
DEMICHELE, MICHAEL A ST
317 North Broad Street
Philadelphia PA 19107
DERAMON, RICHARD A ST
1033 Spruce Street
Philadelphia PA 19107
DEROSE, DAVID A ST
2125 Spring Garden Street
Philadelphia PA 19130
DERSTINE, TIMOTHY H ST
500 South 49th Street
Philadelphia PA 19143
DESALVO, GARY J ST
Allegheny Center Apartments
Pittsburgh PA 15212
DESIMONE, RENEE A ST
8201 Henry Avenue
Philadelphia PA 19128
DESPREAUX, MICHELE A ST
507 South 44th Street
Philadelphia PA 19104
DETKE, MICHAEL J ST
4708 Cedar Avenue
Philadelphia PA 19143
DIAMANT, ALLISON ST
1128 Spruce Street
Philadelphia PA 19107
DIEFES, GERARD J ST
2020 Race Street
Philadelphia PA 19103
DIETTE, GREGORY B ST
32 Conshohocken State Road
Bala Cynwyd PA 19004
DIFRISCHIA, DANIEL S ST
15 East Main Street
Hershey PA 17033
DIMEGLIO, LINDA A ST
Box 200 Meb
Philadelphia PA 19104
DINNOCENZO, RICHARD A ST
1513 Willow Street
Norristown PA 19401
DINULOS, MARYBETH ST
2829 West Queen Lane
Philadelphia PA 19129
DIRUSSO, GREGORY B ST
317 South 11th Street
Philadelphia PA 19107
DISANDRO, DANIEL G ST
3120 School House Lane
Philadelphia PA 19144
DITANO, MD, Oriente ST
4003 Crabapple Dr
Mc Kees Rocks PA 15136
DITARANTO, MICHAEL A ST
2817B Walnut Hill Road
Philadelphia PA 19152
DOBAY III, KAROLY J ST
William Henry Apartments
Malvern PA 19355
DOLBERG, BEVERLY K ST
Two Joann Circle
Havertown PA 19083
DOLECKI, MICHAEL ST
5559 Barlett Street
Pittsburgh PA 15217
DOMINICK, THOMAS F ST
8201 Henry Avenue
Philadelphia PA 19128
DONAT, TERRY L ST
1700 Callowhill Street
Philadelphia PA 19103
DONSHIK, JON D ST
2400 Chestnut Street
Philadelphia PA 19103

DOUGHTY, MATTHEW S ST
500 South 49th Street
Philadelphia PA 19143
DOWNING, MICHAEL J ST
2601 Pennsylvania Avenue
Philadelphia PA 19130
DRIBAN, DAVID E ST
3612 Christiana Meadows
Bear DE 19701
DUNDEE, DAVID T ST
6439 Greene Street
Philadelphia PA 19119
DUNFEE, ROBIN A ST
205 Ellis Road
Havertown PA 19083
DUNN, ERIC S ST
1001 Walnut Street
Philadelphia PA 19107
DUPLAGA, MONICA L ST
4403 South Beverly Drive
Aliquippa PA 15001
ECHTRLING, CHRISTOPHER K ST
26A Maple Avenue
Hershey PA 17033
ECKER, MICHELLE L ST
4526 Osage Avenue
Philadlephia PA 19143
EDELSON, MITCHELL I ST
1000 Walnut Street
Philadelphia PA 19107
EDNIE, BRENT ST
325 North 15th Street
Philadelphia PA 19102
EGAN, CHRISTINE L ST
4526 Pine Street
Philadelphia PA 19143
EISNER, MARK D ST
4247 Locust Street
Philadelphia PA 19104
ELLIS, CAROLYN D ST
325 North 15th Street
Philadelphia PA 19102
EMANUEL, ERIC R ST
502 Woodland Terrace
Philadelphia PA 19104
EMILI, STEFANO ST
16 University Manor East
Hershey PA 17033
ENDER, PETER T ST
3120 School House Lane
Philadelphia PA 19144
ENDERS, BELINDA G ST
Milton S Hershey Med Ctr
Hershey PA 17033
ENEA, NED A ST
University Manor East
Hershey PA 17033
ENGLISH III, JOSEPH C ST
University Manor
Hershey PA 17033
ERDEK JR, MICHAEL A ST
3900 Chestnut Street
Philadelphia PA 19104
ERICSON-FRONKO, DAWN A ST
7901 Henry Avenue
Philadelphia PA 19128
ESCHBACH, KELLY S ST
325 North 15th Street
Philadelphia PA 19102
ESKIN, ROSE N * ST
2201 Pennsylvania Avenue
Philadelphia PA 19130
EVANS, MARIAN A ST
62 University Manor East
Hershey PA 17033
FABER, JENNIE ST
7841 Ridge Avenue
Philadelphia PA 19128
FALCHEK, STEPHEN J ST
24 Overbrook Parkway
Philadelphia PA 19151
FARMER, LOUISE D ST
25 University Manor East
Hershey PA 17033
FARNER, LOUISE A ST
1895 Holly Pike
Carlisle PA 17013
FARRELL, MICHAEL J ST
313 South Tenth Street
Philadelphia PA 19107
FARRELL, TIMOTHY J ST
1110 Rodman Street
Philadelphia PA 19147
FARRY, KIMBERLY M ST
52 Fahnestock Road
Malvern PA 19355
FASANO, MARIA M ST
Stiles Alumni Hall Apt 608
Philadelphia PA 19102
FATTEH, NAAZ ST
4000 Gypsy Lane
Philadelphia PA 19144
FEDERICI, BENIGNO D ST
950 Walnut Street
Philadelphia PA 19107
FEDERICO, CHERYL L ST
4141 Spruce Street
Philadelphia PA 19104
FEIFER, RICHARD A ST
Box 388 University Of Pa
Philadelphia PA 19104

FEINBERG, CURT M ST
1000 Walnut Street
Philadelphia PA 19107
FEINBERG, ERIC B ST
39D Laurel Drive
Maple Shade NJ 08052
FELLERMAN, ANDREA D ST
35 University Manor
Hershey PA 17033
FERANCHAK, ANDREW P ST
Pa Apartments-Apartment 209
Pittsburgh PA 15213
FERRARO, LINDA A ST
2809 West Queen Lane
Philadlephia PA 19129
FERRINGO JR, JOHN A ST
1017 Spruce Street
Philadelphia PA 19107
FERROGGIARO, ANTHONY A ST
103 University Manor East
Hershey PA 17033
FIELD II, WILLIAM E ST
96 University Manor East
Hershey PA 17033
FIERGANG, DEAN L ST
3412 Barclay Street
Philadelphia PA 19129
FILICKO, JOANNE E ST
325 North 15th Street
Philadelphia PA 19102
FINK, GREGORY W ST
Orlowitz Hall Apartment 1305
Philadelphia PA 19107
FINKELSTEIN, DAVID T ST
325 North 15th Street
Philadelphia PA 19102
FINKELSTON, THOMAS J ST
3349 Conrad Street
Philadelphia PA 19129
FINN, STEPHEN F ST
40 Quince Landing
Franklin MA 02038
FISHER, DANIEL C ST
3024 West Queen Street
Philadelphia PA 19129
FISHER, GEORGE E ST
2307 North Broad Street
Philadelphia PA 19132
FISHER, TODD M ST
1521 Spring Garden Street
Philadelphia PA 19130
FITZPATRICK, DENISE F ST
4821 Windsor Avenue
Philadlephia PA 19143
FLAGG, STEPHANIE D ST
515 West Chelten Avenue
Philadelphia PA 19144
FLEISHER, FELICE I ST
317 North Broad Street
Philadelphia PA 19107
FLORIO, RICHARD M ST
325 North 15th Street
Philadelphia PA 19102
FORCINA JR, MARIO L ST
2991 School House Lane
Philadelphia PA 19144
FOSNOCHT, KEVIN M ST
21 Swarthmore
Hershey PA 17033
FRANK, TOBY L ST
506 Barbara Circle
Merion PA 19066
FRANZ, PAMELA J ST
950 Walnut Street
Philadelphia PA 19107
FREELAND, CYNTHIA A ST
927-A East Chocolate Avenue
Hershey PA 17033
FREMPONG-BOADU, ANTHONY K ST
2701 Pennsylvania Avenue
Philadelphia PA 19130
FRIEDMAN, SARI K ST
21 West Mount Pleasant Avenue
Philadelphia PA 19119
FRIZZI, JAMES D ST
Chancellor Apartments 809
Philadelphia PA 19107
FRYER, ERIC J ST
2300 Walnut Street
Philadelphia PA 19103
FUJIMAGARI, MICHAEL M ST
268 Bahia Avenue
Hershey PA 17033
FURMAN, MICHAEL B ST
803 South 10th Street
Philadelphia PA 19147
GABRIEL, JOSUE P ST
1548 South Seventh Street
Philadelphia PA 19147
GAIESKI, DAVID F ST
301 South 19th Street
Philadelphia PA 19103
GALASSI JR, MD, Joseph W ST
10218 Murty Lane
Philadelphia PA 19116
GALENA IV, EDWARD C ST
500 Oreland Mill Road
Oreland PA 19075
GALLAGHER, WILLIAM J ST
235 South 23rd Street
Philadelphia PA 19103

GALLITANO, AMELIA L ST
501 South 46th Street
Philadelphia PA 19143
GAMAITONI, CARLO J ST
1713 Monroe Avenue
Dunmore PA 18509
GAMBERINO, WILLIAM C ST
4133 Clauser Road
Orefield PA 18069
GAMMON, RICHARD R ST
2200 Benjamin Franklin Pkwy
Philadelphia PA 19130
GANNON, CATHERINE M ST
950 Walnut Street
Philadelphia PA 19107
GARDNER, TODD E ST
2501 Christian Street
Philadelphia PA 19146
GAYDOS, MARIA A ST
3120 School House Lane
Philadelphia PA 19144
GEIB, ELIZABETH H ST
8201 Henry Avenue
Philadelphia PA 19128
GELB, IRA D ST
4527 Larchwood Avenue
Philadelphia PA 19143
GELB, JEFFREY S ST
Univ Of Pa School Of Med
Philadelphia PA 19104
GEORGIADIS, MARK S ST
122 Lazy Hollow Drive
Gaithersburg MD 20878
GESSNER, NANCY L ST
105 University Manor East
Hershey PA 17033
GHOSH, MARTHA S ST
Eight Allegheny Center
Pittsburgh PA 15212
GIANNI, PAMELA I ST
School Lane House Apt 1112A
Philadelphia PA 19144
GILBERT, STEVEN L ST
Oak Summit Apartments
Glenside PA 19038
GILHOOLEY, MICHAEL G ST
2114 Brown Avenue
Scranton PA 18509
GIULIANO, VINCENZO ST
87 University Manor East
Hershey PA 17033
GIURGIU, DAN I ST
Medical College Pennsylvania
Philadelphia PA 19129
GLEASON, JAMES B ST
6505 Heatherfield Way
Harrisburg PA 17112
GLEESON, SEAN P ST
3600 Chestnut Street
Philadelphia PA 19104
GOCHNAUER, JOYCE E ST
M S Hershey Medical Center
Hershey PA 17033
GOLDBERG, STACI L ST
3714 Conshohocken Avenue
Philadelphia PA 19131
GOLDMAN, SUSAN G ST
116 South 11th Street
Philadelphia PA 19107
GONZE, MARK D ST
58 University Manor
Hershey PA 17033
GORMAN, SEAN J ST
8119 Colfax Street
Philadelphia PA 19136
GOTKIEWICZ, EDWARD M ST
12 Killarney Briarcrest
Hershey PA 17033
GOTSDINER, DENISE B ST
2001 Hamilton Street
Philadelphia PA 19130
GOTTSCHALL, DANIEL S ST
325 North 15th Street
Philadelphia PA 19102
GRADY, CHRISTOPHER K ST
950 Walnut Street
Philadelphia PA 19107
GREEN, JILL N ST
University Of Pennsylvania
Philadelphia PA 19104
GREENBERG, ADAM S ST
606 Oakfield Lane
Philadelphia PA 19115
GREENBERG, HOWARD E ST
70 Bonsall Avenue
Broomall PA 19008
GRIFFEL, LOUIS H ST
604 South Washington Square
Philadelphia PA 19106
GRISWOLD, SHARON K ST
1000 Walnut Street
Philadelphia PA 19107
GROSS, EDWARD A ST
275 Bryn Mawr Avenue
Bryn Mawr PA 19010
GRUS, BRIAN A ST
3900 Chestnut Street
Philadelphia PA 19104
GUARINO, JAMES C ST
11 Kings Oak Lane
Philadelphia PA 19115

GUIDONE, PAUL L ST
3333 North Park Avenue
Philadelphia PA 19140
GUPTA, AMIT A ST
Stiles Alumni Hall Apt 807
Philadelphia PA 19102
GUSIC, BLAZE R ST
4114 Spruce Street
Philadelphia PA 19104
GUSIC, MARYELLEN E ST
2601 Pennsylvania Avenue
Philadelphia PA 19130
GUSSMAN, BARRIE R ST
2979 Schoolhouse Lane
Philadelphia PA 19144
HAASIS, JOHN C ST
612 Fields Drive
Lafayette Hills PA 19444
HABER, SHERYL A ST
325 North 15th Street
Philadelphia PA 19102
HACKER, ANDREA J ST
415 Barringer
Philadelphia PA 19107
HAHN, GREGORY V ST
402 South 45th Street
Philadelphia PA 19104
HAINES, CECELIA C ST
4701 Pine Street
Philadelphia PA 19143
HALL, DONALD T ST
325 North 15th Street
Philadelphia PA 19102
HALL, ROBERT H ST
3940 Stevenson Street
Philadelphia PA 19114
HAMARMAN, STEPHANIE ST
3650 Chestnut Street
Philadelphia PA 19104
HAMATY, FRED G ST
65 University Manor East
Hershey PA 17033
HAN, WEI ST
5555 Wissahickon Avenue
Philadelphia PA 19144
HANES, MARYANN ST
1105 Walnut Street
Philadelphia PA 19107
HANNA, GINA V ST
1926 Spring Garden Street
Philadelphia PA 19130
HANSEN, E KAI ST
1703 Wallace Street
Philadelphia PA 19130
HARKER, RICHARD C ST
117 Moonflower Road
Hatboro PA 19040
HARRINGTON JR, ROBERT W ST
701 Summit Avenue
Philadelphia PA 19128
HART JR, RICHARD B ST
3120 West School House Lane
Philadelphia PA 19144
HARTMAN JR, H KING ST
406 Kings Croft
Cherry Hill NJ 08034
HASAN, SAMIA ST
2208 Kater Street
Philadelphia PA 19146
HASHIN, KIMBERLY A ST
104 University Manor East
Hershey PA 17033
HASSEY, JOSEPH A ST
12 Ann Street
West Pittston PA 18643
HAVIVI, ABRAHAM ST
2207 Kater Street
Philadelphia PA 19146
HAYNES, DEBORAH E ST
333 West Abbotts Ford Avenue
Philadelphia PA 19144
HEGARTY, JOHN P ST
Briarcrest Apartments
Hershey PA 17033
HEIN, JEFFREY P ST
2200 Ben Franklin Parkway
Philadelphia PA 19130
HELLBERG, PETER G ST
97 Macintosh Court
Horsham PA 19044
HENDERSON, APHRODITE M ST
8210 York Road
Elkins Park PA 19117
HENDRICKSON, JAY A ST
7901 Henry Avenue
Philadelphia PA 19128
HENNESSEY, WILLIAM J ST
881 North Taney Street
Philadelphia PA 19130
HENRY, MARK R ST
342 Sue Drive
Hummelstown PA 17036
HERGAN, ROBERT R ST
3650 Chestnut Street
Philadelphia PA 19104
HERRMANN, DIANA ST
University Manor East
Hershey PA 17033
HERRON, DANIEL M ST
739 Spruce Street
Philadelphia PA 19106

HERSHEY, JANE E ST
25 University Manor East
Hershey PA 17033
HERSHOCK, DIANE M ST
1324 Dickinson Street
Philadelphia PA 19147
HESS, SUSAN K * ST
560 Mohawk Avenue
Norwood PA 19074
HIBEN, EUGENE E ST
4614 Fifth Avenue
Pittsburgh PA 15213
HILDEBRAND, LYNNE M ST
518 Harry Street
Conshohocken PA 19428
HILL, DAVID G ST
3471 Ainslie Street
Philadelphia PA 19129
HOCKENBERRY, SHERRY L ST
545 Sam Snead Circle
Etters PA 17319
HOFKIN, STEPHEN L ST
3436 Osmond Street
Philadelphia PA 19129
HOGAN, WILLIAM R ST
201 South 11th Street
Philadelphia PA 19107
HOLLOWAY, G BRIAN ST
7901 Henry Avenue
Philadelphia PA 19128
HOLLOWAY, KATHLEEN A ST
7901 Henry Avenue
Philadelphia PA 19128
HOLT, DANIEL L ST
Four University Manor East
Hershey PA 17033
HOLTZER, KARL W ST
950 Walnut Street
Philadelphia PA 19107
HOPPENFELD, BRAD M ST
325 North 15th Street
Philadelphia PA 19102
HORTON, PENNE J ST
104 University Manor East
Hershey PA 17033
HORVATH, DAVID A ST
1232 North 12th Street
Whitehall PA 18052
HOWATT, JANIS L ST
2425 Northeast 155th Place
Portland OR 97230
HOYNIAK, ANN L ST
23 University Manor East
Hershey PA 17033
HSIANG, DAVID J B ST
1000 Walnut Street
Philadelphia PA 19107
HSIEH, DENNIS S ST
1000 Walnut Streeet
Philadelphia PA 19107
HSU, JACK W ST
326 Barringer
Philadelphia PA 19107
HU, CHARLENE H ST
422 South 44th Street
Philadelphia PA 19104
HUANG, MARK E ST
Jefferson Alumni Hall Box 315
Philadelphia PA 19107
HUNN, RICHARD H ST
1000 Walnut Street
Philadelphia PA 19107
HUNTINGTON, CHRISTOPHER F ST
401 South Iseminger Street
Philadelphia PA 19147
HURWITZ, MARK D ST
859B Rhue Haus Lane
Hummelstown PA 17036
HWANG, LISA M ST
Two University Manor East
Hershey PA 17033
HYLAND, JULIA K ST
146 Penns Grant Drive
Morrisville PA 19067
ILJAS, ELISABETH H ST
1000 Walnut Street
Philadelphia PA 19107
IMAGIRE, JILLIAN S ST
4526 Osage Avenue
Philadelphia PA 19143
JACOBS, ALAN J ST
36Th And Hamilton Walk
Philadelphia PA 19104
JAMES, JEFFREY R ST
225 Mill Grove Drive
Audubon PA 19403
JANIUK, JENNIFER M ST
1611 Green Street
Philadelphia PA 19130
JANNE, PASI A ST
University Of Pennsylvania
Philadelphia PA 19104
JANORA, DEANNA M * ST
506 South 41st Street
Philadelphia PA 19104
JANSEN, PERRY A ST
University Manor
Hershey PA 17033
JARDINE, JILL C ST
6200 Wayne Avenue
Philadelphia PA 19144

JAYSON, MAURY A ST
219 South Delhi Street
Philadelphia PA 19107
JEFFERSON, ROY W ST
5341 North 16th Street
Philadelphia PA 19141
JENKINS III, ARTHUR L ST
3650 Chestnut Street
Philadelphia PA 19104
JENNINGS, JAMES E ST
1000 Walnut Street
Philadelphia PA 19107
JENSEN, NANCY L ST
107 West Penn Street
Philadelphia PA 19144
JONES, REBECCA K ST
4726 Hazel Avenue
Philadelphia PA 19143
JOYNER, WILLIAM L ST
1801 Christian Street
Philadelphia PA 19146
JULIEN, TYA-MAE Y ST
701 Merrill Road
Ambler PA 19002
JUNG, ANDREW D ST
549 West Manheim Street
Philadelphia PA 19144
KAHN, CHANA S ST
4105 Spruce Street
Philadelphia PA 19104
KAHN, SIMONE ST
278 South 23rd Street
Philadelphia PA 19103
KAJI, ARJUN V ST
4000 Gypsy Lane
Philadelphia PA 19144
KAMBE, ARBETTA M ST
7933 Revere Street
Philadlephia PA 19152
KAMPER, CAROLINE A ST
1252 Burnett Road
Huntingdon Valley PA 19006
KATZ, STEPHEN D ST
1014 Hagys Ford Road
Narberth PA 19072
KAUFF, NOAH D ST
212 South 43rd Street
Philadelphia PA 19104
KAUFFMAN, PATRICIA J ST
7949 Winston Road
Philadelphia PA 19118
KAUH, EUNKYUNG A ST
1017 Spruce Street
Philadelphia PA 19107
KAZAHAYA, MASAYUKI ST
1275 Woods Road
Southampton PA 18966
KAZMIERSKI, DANIEL J ST
1321 Elmira Street
Williamsport PA 17701
KEENE, CANDACE A ST
190 University Manor East
Hershey PA 17033
KELLER, DAVID A ST
48 Derry Road
Hershey PA 17033
KELLY, ANNE M ST
117 North 15th Street
Philadelphia PA 19102
KELLY, KAREN M ST
University Manor East
Hershey PA 17033
KELLY, SUSAN M ST
501 West Manheim Street
Philadelphia PA 19144
KENNEALLY, BARRY E ST
311 Yarnall Drive
Springfield PA 19064
KENNEDY, JOHN W ST
246 South 12th Street
Philadelphia PA 19107
KEOHANE, DENIS J ST
1611 Green Street
Philadelphia PA 19130
KESLER, BRANKO S ST
8508 Elliston Drive
Wyndmoor PA 19118
KESSLER, GALEN M ST
492 West First Street
Bloomsburg PA 17815
KIM, SEA H ST
946 Caledonia Street
Philadelphia PA 19128
KING, ROBERT C ST
315 South 45th Street
Philadelphia PA 19104
KIRCHNER, JOHN S ST
1666 Callowhill Street
Philadelphia PA 19130
KIST, KENNETH A ST
701 South Ninth Street
Philadelphia PA 19147
KISTLER, MEG S ST
1000 Walnut Street
Philadelphia PA 19107
KLAPPER, JOSEPH L ST
2200 Ben Franklin Parkway
Philadelphia PA 19130
KLEIDERMACHER, PAUL ST
1025 Spruce Street
Philadelphia PA 19107

KLINE, MICHAEL A ST
950 Walnut Street
Philadelphia PA 19107
KLINE JR, JOHN A ST
409 South Iseninger Street
Philadelphia PA 19147
KNAUBER, SUSAN A ST
515 West Chelten Avenue
Philadelphia PA 19144
KNOWLES, SHELLEY R ST
3333 Mary Street
Drexel Hill PA 19026
KO, ALBERT E ST
2034 Arch Street
Philadelphia PA 19103
KOBAN, JAMES M ST
University Manor East
Hershey PA 17033
KOFOS, DANNY M ST
1324 Locust Street
Philadelphia PA 19107
KOKOTOS, FOTINI J ST
325 North 15th Street
Philadelphia PA 19102
KOMER, LOUIS M ST
120 E Street Road
Warminster PA 18974
KORMIS, KAREN K ST
317 North Broad Street
Philadelphia PA 19107
KOUSOUBRIS, PHILIP D ST
950 Walnut Street
Philadelphia PA 19107
KOVALOVICH, KELLEN K ST
3120 West Schoolhouse Lane
Philadelphia PA 19144
KOWALCHUK, ROMAN M ST
4321 Larchwood Avenue
Philadelphia PA 19104
KOWALSKI, MICHELE M ST
7373 Ridge Avenue
Philadelphia PA 19128
KRAFCZYK, MICHAEL A ST
3120 West School House Lane
Philadelphia PA 19144
KRAMER, DAVID H ST
1026 Spruce Street
Philadelphia PA 19107
KRAMER, GARY S ST
3120 West School House Lane
Philadelphia PA 19144
KRESS, DOUGLAS W ST
950 Walnut Street
Philadelphia PA 19107
KROLL, BARRY S ST
623 Avon Street
Philadelphia PA 19116
KROLL, DOUGLAS J ST
University Of Pa
Philadelphia PA 19104
KUCHARCZUK, JOHN C ST
4217 Pine Street
Philadelphia PA 19104
KUEHNER III, WILIIAM P ST
4049 Balawynne Park Road
Philadelphia PA 19131
KUNTZ JR, DAVID G ST
6500 Wissahickon Avenue
Philadelphia PA 19119
KUNZ, ROBERT A ST
445 Horseshoe Drive
Media PA 19063
KUO, BRADEN ST
950 Walnut Street
Philadelphia PA 19107
KUPFERBERG, STEPHEN B ST
1025 Spruce Street
Philadelphia PA 19107
KUREY, PAMELA H ST
2550 Bond Avenue
Drexel Hill PA 19026
KURTZ, ADELLE G ST
1000 Walnut Street
Philadelphia PA 19107
KUZMA, CHARLES S ST
127 Windsor Avenue
Southampton PA 18966
KWON, DAVID S ST
3900 Chestnut Street
Philadelphia PA 19104
LABUSKI, MARK R ST
146 University Manor East
Hershey PA 17033
LAFFERTY, THOMAS E ST
Park Avenue And Ontario Stree
Philadelphia PA 19140
LAMBE, HELEN A ST
45 North Railroad Street
Palmyra PA 17078
LAMPE, JOHN H ST
3316 North Park Avenue
Philadelphia PA 19140
LANDO, STEVE ST
2201 Strahle Street
Philadelphia PA 19152
LANDON, BRUCE E ST
4418 Spruce Street
Philadelphia PA 19104
LANG, DAVID F ST
205 Barbera Drive
Mckees Rocks PA 15136

LANG, KRISTA M ST
442 Springton Road
Glenmoore PA 19343
LANGE, ELIZABETH B ST
University Manor East
Hershey PA 17033
LANZI, RICHARD A ST
294 Hermitage Street
Philadelphia PA 19127
LARSON, ROBERT A ST
3650 Chestnut Street
Philadelphia PA 19104
LAVERAN, RUDOLF L ST
1730 Delancey Place
Philadelphia PA 19103
LAWSON, LORI A ST
913 Pine Street
Philadelphia PA 19107
LAZAR, JOEL S ST
317 South 16th Street
Philadelphia PA 19102
LEBON, FENTON G ST
Harbour House
Pemaquid Habor ME 04558
LEE, FELIX H ST
3900 Chestnut
Philadelphia PA 19104
LEE, GUY A ST
433 Hoffnagle Street
Philadelphia PA 19111
LEE, JAE H ST
3562 Oride Drive
Huntingdon Valley PA 19006
LEE, LE-YOUNG ST
1020 Locust Street
Philadelphia PA 19107
LEHMAN, JULIA F ST
315 Messenger Street
Johnstown PA 15902
LEISER, JONATHON B ST
405 Linden Lane
Media PA 19063
LEONARD III, DANIEL J ST
397 Fifth Street
Nanty Glo PA 15943
LERNER, SUSAN M ST
2400 Chestnut Street
Philadelphia PA 19103
LEVAN, JOSEPH R ST
317 North Broad Street
Philadelphia PA 19107
LEVEY, CHRISTOPHER S ST
317 South 10th Street
Philadelphia PA 19107
LEVEY, ERIC B ST
4226 Pine Street
Philadelphia PA 19104
LEVIN, HAL W ST
5734 North Hope Street
Philadelphia PA 19120
LEVIN, STEVEN I ST
325 North 15th Street
Philadelphia PA 19102
LEVINSON, MARK E ST
1000 Walnut Street
Philadelphia PA 19107
LEVITIN, MICHELLE S ST
2817 Parrish Street
Philadelphia PA 19130
LEVITT, ROBERT M ST
834 Thornton
Sharon PA 16146
LEY-HAN, HECTOR ST
1000 Walnut Street
Philadelphia PA 19107
LI, SHERYL G ST
950 Walnut Street
Philadelphia PA 19107
LIAW, YISCHON ST
950 Walnut Street
Philadelphia PA 19107
LIEN, DONALD C ST
3600 Chestnut Street
Philadelphia PA 19104
LIND, THOMAS E ST
6015 Wayne Avenue
Philadelphia PA 19144
LINGAREDDY, VASUDHA ST
1000 Walnut Street
Philadelphia PA 19107
LISTMAN, DAVID A ST
2311 Spruce Street
Philadelphia PA 19103
LIU, SAM S ST
Box 798
Philadelphia PA 19104
LOCALA, JOSEPH A ST
517 West Clapier Street
Philadelphia PA 19144
LOESCH, DANIEL V ST
307 South Aiken Street
Pittsburgh PA 15232
LONDON, BEVERLY M ST
University Manor East
Hershey PA 17033
LOTLIKAR, JEFFREY P ST
344 Townhouse
Hershey PA 17033
LOWRY, STEVEN J ST
256 Golf Hills Road
Havertown PA 19083

LU, IRENE ST
45-11 158Th Street
Flushing NY 11358
LU, MELVIN C ST
422 South 44th Street
Philadelphia PA 19104
LUBINSKI, STUART M ST
3900 Chestnut Street
Philadelphia PA 19104
LUCAS, GLYNDA W ST
239 Powell Road
Springfield PA 19064
LUCHETTI, WAYNE T ST
3650 Chestnut Street
Philadelphia PA 19104
LUCKENBAUGH, AMY S ST
314 Stock Street
Hanover PA 17331
LUKER, MARK G ST
4421 Osage Avenue
Philadelphia PA 19104
LUNING-PRAK, ELINE T ST
3650 Chestnut Street
Philadelphia PA 19104
MACART, BERNADETTE A ST
311 Baird Road
Merion PA 19066
MACKNIGHT, JOHN M ST
1000 Walnut Street
Philadelphia PA 19107
MADOR, ANNE T ST
117 South Tenth Street
Philadelphia PA 19107
MAENNER, MD, Gerald F ST
120A West Maryland Avenue
Aldan PA 19018
MAGYARITS, ELLEN M ST
330 Euclid Avenue
Ambler PA 19002
MAHONEY, CATHERINE E ST
Temple University
Philadelphia PA 19140
MAITLAND, ANNE L ST
4701 Pine Street
Philadelphia PA 19143
MAJCHRZAK JR, CHARLES G ST
Parktowne Place W Ste W1914
Philadelphia PA 19130
MAKOUS, MONTE ST
4266 Manayunk Avenue
Philadlephia PA 19128
MAMA, SAIFUDDIN T ST
2531 Salmon Street
Philadelphia PA 19125
MANGE, KEVIN C ST
317 South 11th Street
Philadelphia PA 19107
MANIFOLD, STEVE G ST
3319 North Park Avenue
Philadelphia PA 19140
MANN, RONALD M ST
1936 South Park Avenue
Hadden Heights NJ 08035
MANN, THOMAS A ST
1000 Walnut Street
Philadelphia PA 19107
MANNELLA, JOSEPH J ST
318 Clay Avenue
Mt Pleasant PA 15666
MANOHARAN, ASHA ST
1000 Walnut Street
Philadelphia PA 19107
MARCUCCI, CATHERINE ST
121 Sumac Street
Philadelphia PA 19128
MARCUCCI, LISA ST
201 South 11th Street
Philadelphia PA 19107
MARDER, SARA J ST
Allegheny Center Apartments
Pittsburgh PA 15215
MARGULIES, CRAIG ST
3329 Indian Queen Lane
Philadelphia PA 19129
MARISKANISH, PAUL C ST
4571 G Street
Philadelphia PA 19120
MARKOVITZ, BRUCE J ST
20 Holly Court
Lafayette Hill PA 19444
MARR, KAREN A ST
819 North Buckneil
Philadelphia PA 19130
MARTIN, AMY E ST
325 South Fawn
Philadelphia PA 19107
MARTIN, JAMES S ST
43 University Manor East
Hershey PA 17033
MARTIN, JEFFREY A ST
198 Tanglwood Drive
Greentown PA 18426
MARTIN, NANCY J ST
549 West Manheim Street
Philadelphia PA 19144
MARWAHA, SANJAY ST
3900 Chestnut Street
Philadelphia PA 19104
MARZIANO, MICHELE L ST
1304 Harrington Road
Havertown PA 19083

MATHENY, JEFFREY M ST
145 University Manor East
Hershey PA 17033
MATSUURA, DEAN H ST
257 South 16th Street
Philadelphia PA 19102
MATTOX, SCOTT G ST
351 South 47th Street
Philadelphia PA 19143
MAYLATH, CRAIG F ST
8215 Pine Road
Philadelphia PA 19111
MAYLOCK, CAROLINE A ST
950 Walnut Street
Philadelphia PA 19107
MAYLOCK, JOHN V ST
1000 Walnut Street
Philadelphia PA 19107
MAZUR, DONALD W ST
1317 Lombard
Philadelphia PA 19147
MAZZACCO, STACEY L ST
8200 Henry Avenue
Philadelphia PA 19128
MAZZIOTTI, MARK V ST
4321 Larchwood Avenue
Philadelphia PA 19104
MCCARTER JR, THOMAS G ST
1204 Sterling Street
Coatesville PA 19320
MCCONNELL, BRIAN A ST
131 University Manor East
Hershey PA 17033
MCGEEHAN, ANN M ST
406 Gayley Street
Media PA 19063
MCGIBNEY, KEVIN J ST
3327 Conrad Street
Philadelphia PA 19129
MCGINLEY JR, THOMAS C ST
University Manor East
Hershey PA 17033
MCGLAUGHLIN, SHAWN P ST
P O Box 172
Mcclure PA 17841
MCGRATH, KEVIN M ST
Thomas Jefferson University
Philadelphia PA 19107
MCGRATH, THOMAS J ST
307 South Camac Street
Philadelphia PA 19107
MCINROY, BRIAN D ST
6500 Wissahickon Avenue
Philadelphia PA 19119
MCKEITH, JAMES J ST
1000 Walnut Street
Philadelphia PA 19107
MCKENNA, SCOT R ST
1027 Spruce Street
Philadelphia PA 19107
MCKENZIE, HARRY J ST
7841 Ridge Avenue
Philadelphia PA 19128
MCKNIGHT, CRAIG E ST
513 Maine Avenue
Aldan PA 19018
MCLAUGHLIN, JOSEPH D ST
413A Whitman Drive
Haddonfield NJ 08033
MCNESBY, FRANCIS X ST
406 Walnut Place
Havertown PA 19083
MEADE, THERESA A ST
467 South Main Street
Pittston PA 18640
MEHROK, HARPAUL S ST
325 North 15th Street
Philadelphia PA 19102
MEHTA, RAKESH P ST
215 Crescent Drive
Hershey PA 17033
MEHTA, SANJAY M ST
215 Crescent Drive
Hershey PA 17033
MELLOTT, JONEL M ST
1014 Spruce Street
Philadelphia PA 19107
MEYER, DANIEL K ST
302 South 12th Street
Philadelphia PA 19107
MIAN, HAMAYUN S ST
421 West Governor Road
Hershey PA 17033
MICHEEL, STACIE A ST
252 South Alder Street
Philadelphia PA 19107
MIGLIARINO, LUCIANO ST
1327 North 76th Street
Philadelphia PA 19151
MILEWSKI, FRANCIS J ST
313 South Tenth Street
Philadelphia PA 19107
MILLER, HELENE A ST
324 North 15th Street
Philadelphia PA 19102
MILLER, KELLY A ST
3120 West School House Lane
Philadelphia PA 19144
MILLER, MARK A ST
4000 Gypsy Lane
Philadelphia PA 19144

MILLER, PAMELA M ST
8201 Henry Avenue
Philadelphia PA 19128
MILLER, RANDY B ST
244 South Ninth Street
Philadelphia PA 19107
MILLS, JASON C ST
University Of Pennsylvania
Philadelphia PA 19104
MILLWARD JR, CARL L ST
317 South 11th Street
Philadelphia PA 19107
MILTON, AMI C ST
205 Townsend Drive
Hummelstown PA 17036
MINK, KENNETH R ST
540 Millgrove Drive
Audubon PA 19403
MINNICK, KATHLEEN E ST
University Manor East
Hershey PA 17033
MINTZ, PHILIP S ST
1332 Lombard Street
Philadelphia PA 19147
MIRSKY, POLLY J ST
1000 Walnut Street
Philadelphia PA 19107
MIZRAHI, ERIC L ST
325 North 15th Street
Philadelphia PA 19102
MOCH, ANNE L ST
721 Foxdale Road
Wilmington DE 19803
MOFFA, JENNIFER L ST
84R Autumn Lane
Enola PA 17025
MOHEIMANI, CHRISTOPHER H ST
1000 Walnut Street
Philadelphia PA 19107
MOMI, KAMALDEEP S ST
201 South 11th Street
Philadelphia PA 19107
MONROE JR, JOHN J ST
7737 Devon Street
Philadelphia PA 19118
MONTEFORTE, MARK J ST
8201 Henry Avenue
Philadelphia PA 19128
MONTELEONE JR, GAETANO P ST
239 West Walnut Lane
Philadelphia PA 19144
MONTEMAYOR, MELANIE M ST
117 North 15th Street
Philadelphia PA 19102
MOODY, MELISSA ST
253 South 16th Street
Philadelphia PA 19104
MORANDI, NEIL P ST
5555 Wissahickon Avenue
Philadelphia PA 19144
MORE, KENNETH F ST
201 South 13th Street
Philadelphia PA 19107
MORESCHI, LISA M ST
600 West Harvey Street
Philadelphia PA 19144
MORETTI, EUGENE W ST
3307 North Park Avenue
Philadelphia PA 19140
MOREY, VICTORIA A ST
4014 Spruce Street
Philadelphia PA 19104
MORRIS, JAMIE L ST
1631 Green Street
Philadelphia PA 19130
MORSE, JOSEPH D ST
325 North 15th Street
Philadelphia PA 19102
MOTT, JOSEPH A ST
1204 South Street
Philadelphia PA 19147
MOURADIAN, ROBERT D ST
317 North Broad Street
Philadelphia PA 19107
MOWAD, CHRISTEN M ST
3600 Chestnut Street
Philadelphia PA 19104
MOYER, MARIA T ST
202 Cambridge Court
Palmyra PA 17078
MULKERIN, DANIEL L ST
1000 Walnut Street
Philadelphia PA 19107
MURCKO, REGINA G ST
3414 Indian Queen Lane
Philadelphia PA 19129
MUREEBE, LEILA ST
600 West Harvey Street
Philadelphia PA 19144
MURPHY, ANDREW W ST
University Manor East
Hershey PA 17033
MURPHY, TIMOTHY J ST
3900 Chestnut Street
Philadelphia PA 19104
MYERS, ANDREW P ST
1332 Lombard
Philadelphia PA 19147
MYERS, BETH A ST
Brandenburg Garden East
Hershey PA 17033

MYERS, DANIEL T ST
1118 Lombard Street
Philadelphia PA 19147
MYERS, JONATHAN S ST
1801 Jfk Boulevard
Philadelphia PA 19103
NAHMIAS, CORINA M ST
1000 Walnut Street
Philadelphia PA 19107
NASUTI, JOSEPH F ST
1314 South Sixth Street
Philadelphia PA 19147
NAWA, JOHN C ST
6706 Malvern Avenue
Philadelphia PA 19151
NEJAT-BINA, DAVID ST
3436 Osmond Street
Philadelphia PA 19129
NELSON, PAULA M ST
4319 Pine Street
Philadelphia PA 19104
NEMERSON, STEVEN F ST
5904 Pine Hollow Court
Harrisburg PA 17109
NEUMAN, WILLIAM R ST
33 Woodcroft Road
Havertown PA 19083
NEW, MELINDA S ST
3650 Chestnut Street
Philadelphia PA 19104
NGUYEN, LUAT T ST
173 University Manor East
Hershey PA 17033
NICHOLAS, ANGELA M ST
3345 North Park Avenue
Philadelphia PA 19140
NICOLAOU, DAVID D ST
University Of Pennsylvania
Philadelphia PA 19104
NOONE, ROBERT B ST
4226 Pine Street
Philadelphia PA 19104
NOTTE, MICHAEL A ST
325 North 15th Street
Philadelphia PA 19102
NOYES, WILLARD S ST
1025 Spruce Street
Philadelphia PA 19107
NUTZ JR, JOSEPH F ST
785 Providence Road
Lansdowne PA 19050
OBRIEN, CHRISTINE M ST
624 South American Street
Philadelphia PA 19147
OGUN, DAVID J ST
2311 Spruce Street
Philadelphia PA 19103
OH, YONG T ST
325 North 15th Street
Philadelphia PA 19102
OKANE, PATRICK L ST
622 Gerritt Street
Philadelphia PA 19147
OLBRICH, CHRISTOPHER D ST
1025 Spruce Street
Philadelphia PA 19107
OLEARY JR, ROBERT T ST
101 El Drive
Taylor PA 18517
OMALLEY, ERIN A ST
117 North 15th Street
Philadelphia PA 19102
OMDAL, DAVID G ST
207 Lincoln Drive West
Ambler PA 19002
ONEILL, SHEA A ST
P O Box 53726
Philadelphia PA 19105
OPLINGER, MICHELE S ST
3120 West Schoolhouse Lane
Philadelphia PA 19144
ORDOUKHANIAN, ELSA ST
3650 Chestnut Street
Philadelphia PA 19104
ORTIZ, DAISY ST
1301-03 W Rising Sun Avenue
Philadelphia PA 19140
ORTIZ, ROBERT ST
515 West Chelten Avenue
Philadelphia PA 19144
OSKIN, TIMOTHY C ST
325 North 15th Street
Philadelphia PA 19102
OYLER, GEORGE A ST
2047I Raleigh Road
Hummelstown PA 17036
PALASIUK, MARIA ST
7318 Hasbrook Avenue
Philadelphia PA 19111
PALMER, ERIC S ST
9601 Ashton Road
Philadelphia PA 19114
PALMER, JOSETTE C ST
4801 Pine Street
Philadelphia PA 19143
PARENTE JR, JOHN P ST
612 Barry Drive
Springfield PA 19064
PARIKH, ALEXANDER A ST
4425 Baltimore Avenue
Philadelphia PA 19104

PARK, BERNARD J ST
3600 Chestnut Street
Philadelphia PA 19104
PARKER, MIRIAM ST
3018 Midvale Avenue
Philadelphia PA 19129
PASTORE, DOMENIC J ST
124 Fairfax Road
Rosemont PA 19010
PASTORE, GAETANO N ST
124 Fairfax Road
Rosemont PA 19010
PASTORE, TIMOTHY P ST
7925 Ridge Avenue
Philadelphia PA 19128
PATEL, MINESH C ST
950 Walnut Street
Philadelphia PA 19107
PAUL, MARIA A ST
185 University Manor
Hershey PA 17033
PELLIGRA, SAM ST
Temple University
Philadelphia PA 19140
PELTZER, LETICIA I ST
6100 City Avenue
Philadelphia PA 19131
PELUCIO, MARCUS A ST
13 Garden Court
Elizabethtown PA 17022
PENDRAK, ROBERT B ST
1000 Walnut Street
Philadelphia PA 19107
PETERS, TODD W ST
325 North 15th Street
Philadelphia PA 19102
PETRICK, MARCIA L ST
651 Brooke Road
Glenside PA 19038
PETRO, KATHLEEN R ST
325 North 15th Street
Philadelphia PA 19102
PHAM, HOA V ST
10929 Avenue De Los Lobos
San Diego CA 92127
PHELPS, RENEE E ST
201 Division Street
Hummelstown PA 17036
PHILLIPS, ERIC C ST
4211 Terrace Street
Philadelphia PA 19128
PHILLIPS, ROBERT E ST
11 Ravine Drive
Woodcliff Lake NJ 07675
PICCONE, CAROLYN A ST
501 West Manheim Street
Philadelphia PA 19144
PIECHOTA, DARREN F ST
3120 School House Lane
Philadephia PA 19144
PIEROTTI III, ALDINO L ST
420 South 44th Street
Philadelphia PA 19104
PIFER, ERIC A ST
5450 Wissahickon Avenue
Philadelphia PA 19144
PINTO, ALAN A ST
521 Lindley Road
Glenside PA 19038
PINZON, ELMER G ST
2601 Pennsylvania Avenue
Philadelphia PA 19130
PISARCHICK, JANE M ST
1202 Spruce Street
Philadelphia PA 19107
PITETTI, RAYMOND J ST
1666 Callowhill Street
Philadelphia PA 19130
PIZANO, LOUIS R ST
325 North 15th Street
Philadelphia PA 19102
PLOTKIN, ADAM S ST
335 Woodley Road
Merion PA 19066
POLSKY, KAREN ST
1801 Buttonwood Street
Philadelphia PA 19130
POLSTER, SCOTT D ST
1610 Coronado Street
Allentown PA 18103
POON, EDWARD D ST
422 South 44th Street
Philadelphia PA 19104
POST, CHRISTOPHER R ST
199 University Manor East
Hershey PA 17033
POTTER, ANN L ST
142 University Manor
Hershey PA 17033
POWELL JR, JAMES R ST
228 University Manor
Hershey PA 17033
PRADELL, LAWRENCE ST
117 South 10th Street
Philadelphia PA 19107
PRESTIFILPPO, RITA E ST
950 Walnut Street
Philadelphia PA 19107
PRIESTLEY, MARGARET A ST
422 South 44th Street
Philadelphia PA 19104

PROCTOR, MARGARET S ST
43 Woodside Drive
Centreville DE 19807
PRODOEHL, JOHN A ST
152 Hart Lane
Springfield PA 19064
PROPHET, STEVEN A ST
1105 Peggy Drive
Hummelstown PA 17036
PURTILL, JAMES J ST
6411 Drexel Road
Philadelphia PA 19151
QASIM, NADER Q ST
3900 Chestnut Street
Philadelphia PA 19104
QUALEY, DEBORAH A ST
749 North Ringgold
Philadelphia PA 19130
QUEENAN, JOSEPH V ST
310 Jackson Street
Philadelphia PA 19148
QUIGLEY, CHERYL L ST
7901 Henry Avenue
Philadelphia PA 19128
QUINTAS, JOHN C ST
2041 Walnut Street
Philadelphia PA 19103
RABIN, MARC H ST
254 Tavistock Condominiums
Cherry Hill NJ 08034
RAINEY, CYNTHIA L ST
1806 Bloom Road
Danville PA 17821
RAJA, GEETA ST
501 Manheim Avenue
Philadelphia PA 19144
RAKOWSKY, ALEXANDER T ST
6258 North Third Street
Philadelphia PA 19120
RANDALL, THOMAS A ST
36Th Street And Hamilton Walk
Philadelphia PA 19104
RAPP JR, ROBERT E ST
3400 Henry Avenue
Philadelphia PA 19129
RAUCH, SUSANNAH ST
740 Beacom Lane
Merion PA 19066
REDDY, SAI S ST
171 Belleville Avenue
Bloomfield NJ 07003
REED, KRISTYN M ST
2601 Pennsylvania Avenue
Philadelphia PA 19130
REEDY, BRIAN K ST
4521 Larchwood Avenue
Philadelphia PA 19143
REGUEIRO, MIGUEL D ST
1801 J F Kennedy Boulevard
Philadelphia PA 19103
REID-ARTIST, JACINTH M ST
3120 School House Lane
Philadelphia PA 19144
REINBOLD, PAUL M ST
256 Strawberry Lane
King Of Prussia PA 19406
RESNICK, DANIEL V ST
99 Lansdowne Court
Lansdowne PA 19050
RHOAD, ROBERT C ST
402 South 45th Street
Philadelphia PA 19104
RICOTTA, CHARLOTTE ST
2022 Spring Garden Street
Philadelphia PA 19102
RISLEY III, WALTER P ST
2233 Garrett Road
Drexel Hill PA 19026
RITTENHOUSE, ERIC R ST
Seven Bells Court
Philadelphia PA 19106
ROBBINS, WENDYE R ST
738 Pine Street
Philadelphia PA 19106
ROBERTS, PETER F ST
429 South Camac Street
Philadelphia PA 19147
ROBINSON, PETER N ST
517 South 46th Street
Philadelphia PA 19143
ROCCA, ANDREW F ST
3650 Chestnut Street
Philadelphia PA 19104
ROCCO, JACK F ST
224 West School House Lane
Philadelphia PA 19144
RODGERS, MARK S ST
868 North 22nd Street
Philadelphia PA 19130
RODRIGUEZ, ALEXANDER ST
4323 Pine Street
Philadelphia PA 19104
ROMOFF, TODD T ST
1801 Butler Pike
Conshohocken PA 19428
ROSE, KIMBERLY A ST
2101 Chestnut Street
Philadelphia PA 19103
ROSEN, SCOTT F ST
3650 Chestnut Street
Philadelphia PA 19104

ROSENBAUM, LAWRENCE C ST
950 Walnut Street
Philadelphia PA 19107
ROSENBLATT, SOLON L ST
3601 Conshohocken Avenue
Philadlephia PA 19131
ROSENSTOCK, RACHEL J ST
325 North 15th Street
Philadelphia PA 19102
ROSENTHAL, DAVID M ST
7950 Henry Avenue
Philadelphia PA 19128
ROSS, HELEN L ST
Three Tee Street
Selinsgrove PA 17870
ROTH, GREGORY S ST
202 Cambridge Court
Palmyra PA 17078
ROTH, JONATHAN A ST
3904 Spruce Street
Philadelphia PA 19104
ROXBY, ANDREW B ST
113 Yale Avenue
Swarthmore PA 19081
RUDZINSKI, AMY J ST
325 North 15th Street
Philadelphia PA 19102
RUGGIERO, VINCENT ST
226 South 44th Street
Philadelphia PA 19104
RYAN, KATHLEEN F ST
450 Forrest Avenue
Norristown PA 19401
SABOL, CAROLYN L ST
950 Walnut Street
Philadelphia PA 19107
SAILER, JAY G ST
927 South Sixth Street
Philadelphia PA 19147
SANDHU, NITA ST
794 Depot Lane
Quakertown PA 18951
SANDOVAL, JESSY C ST
317 North Broad Street
Philadelphia PA 19107
SANTA MARIA, THERESA R ST
2022 Spring Garden
Philadelphia PA 19130
SANTORA JR, DONALD C ST
126 Cedar Avenue
Hershey PA 17033
SARMA, BANI A ST
191 Presidential Boulevard
Bala Cynwd PA 19004
SARRO, ROBERT A ST
419 East Monterey Avenue
Wildwood Crest NJ 08260
SATINSKY, ANDREA R ST
3900 City Avenue
Philadelphia PA 19131
SATZ, WAYNE A ST
836 Timber Lane
Dresher PA 19025
SAVELLI, BRENT A ST
950 Walnut Street
Philadelphia PA 19107
SAXENA, SANJAY ST
835 Tudor Lane
Lebanon PA 17042
SCALLY, AMY P ST
3648 Taylor Avenue
Drexel Hill PA 19026
SCANDURA IV, JOSEPH M ST
1249 Greentree Lane
Narberth PA 19072
SCHAEFFER, MARTIN A ST
128 Nehring Avenue
Staten Island NY 10314
SCHAFFER, LILLY H ST
231 University Manor East
Hershey PA 17033
SCHALLER, VINCENT E * ST
82 University Manor East
Hershey PA 17033
SCHELLENBERG, JOSEPH B ST
4103 Walnut Street
Philadelphia PA 19104
SCHNEIDER, SUSAN ST
374 Baird Road
Merion PA 19066
SCHNUR, PAUL J ST
325 North 15th Street
Philadelphia PA 19102
SCHONDER III, JOHN F ST
Park Towne West Suite W1914
Philadelphia PA 19130
SCHWEIBINZ, JANET S ST
830 North 65th Street
Philadelphia PA 19151
SCOTT, THOMAS B ST
6350 Jackson Drive
East Petersburg PA 17520
SEESTEDT JR, RICHARD C ST
1225 Waverly Place
Philadelphia PA 19147
SEIGEL, NATALIE M ST
950 Walnut Street
Philadelphia PA 19107
SELECKY, MARK T ST
2031 Locust Street
Philadelphia PA 19103

SELINGO, JAMIE A ST
826 Beverly Drive
Plymouth PA 18651
SHABLOSKI, REGAN P ST
507 North Elson
Kirksville MO 63501
SHADE JR, DANIEL A ST
224 School House Lane
Philadelphia PA 19144
SHAH, NICKY ST
2400 Chestnut Street
Philadelphia PA 19103
SHAH, RAKESH R ST
3229 Morrell Avenue
Philadelphia PA 19114
SHAH, SUSIE S ST
325 North 15th Street
Philadelphia PA 19102
SHAMMASH, JONATHAN B ST
4301 Spruce Street
Philadelphia PA 19104
SHARIFF, YASMEEN K ST
11560 Somerset Drive
North Roalton OH 44133
SHAW, MARIANNE L ST
1906 Sansom Street
Philadelphia PA 19103
SHAW, PALMA M ST
4037 Mac Niff Drive
Lafayette Hill PA 19444
SHECTER, JAMES S ST
2134 Bryn Mawr Place
Ardmore PA 19003
SHEPHERD, KIRSTIN F ST
229 Barringer
Philadelphia PA 19107
SHERMAN, FREDERICK S ST
2203 Race Street
Philadelphia PA 19103
SHICK, HUBERT ST
262 South Tenth Street
Philadelphia PA 19107
SHIH, FEI F ST
4632 Larchwood Avenue
Philadelphia PA 19143
SHIN, ALEXANDER Y ST
4600 Chester Street
Philadelphia PA 19143
SIDLE, JOHN E ST
1016 Clinton Street
Philadelphia PA 19107
SIEGAL, JOEL D ST
2123 Spruce Street
Philadelphia PA 19103
SILVERMAN, ADAM R ST
126 Cedar Avenue
Hershey PA 17033
SIMONS, ROBERT M ST
1088 Highland Road
Newtown PA 18940
SINGER, PAUL S ST
7657 Woodcrest Avenue
Philadelphia PA 19151
SINGH, AMITABH ST
Eight Allegheny Center
Pittsburgh PA 15212
SITANIK, KATHLEEN M ST
317 North Broad Street
Philadelphia PA 19107
SKLAR, LESLIE A ST
1115 Spruce Street
Philadelphia PA 19107
SKOBIERANDA, FRANCK G ST
University Manor East
Hershey PA 17033
SKOBIERANDA, KATHE R ST
71 University Manor East
Hershey PA 17033
SKONIECZKI III, STAN R ST
2805 West Queen Lane
Philadelphia PA 19129
SLAVIN, DOROTHY A ST
1719 Cambridge Circle
Southampton PA 18966
SMALLS, RHONDA J ST
1629 Church Lane
Philadelphia PA 19141
SMITH, BRUCE D ST
506 Oak Hill Drive
Grove City PA 16127
SMITH, PAUL T ST
317-21 North Broad Street
Philadelphia PA 19107
SNELL JR, EDWARD D ST
2120 Walnut Street
Harrisburg PA 17103
SNYDER, SCOTT G ST
111 University Manor East
Hershey PA 17033
SOKOL, MICHAEL C ST
950 Walnut Street
Philadelphia PA 19107
SOLANKI, NISHA S ST
3650 Chestnut Street
Philadelphia PA 19104
SOLIMAN, MANAL M ST
1000 Walnut Street
Philadelphia PA 19107
SOLIT, RICHARD L ST
1000 Walnut Street
Philadelphia PA 19107

SOTTILE, ELISA M ST
8201 Henry Avenue
Philadelphia PA 19128
SPALDING, JENNIFER A * ST
950 Walnut Street
Philadelphia PA 19107
SPOTTS, DOUGLAS A ST
80 University Manor East
Hershey PA 17033
SQUIRES, FREDRIC B ST
3431 Vaux Street
Philadelphia PA 19129
SRAY, WILLIAM A ST
37 East Montgomery Avenue
Ardmore PA 19003
ST CLAIR, DOUGLAS A ST
3239 Sugdens Row
Philadelphia PA 19129
STAFFORD, MARSHALL W ST
950 Walnut Street
Philadelphia PA 19107
STAMPFER, DAVID S ST
2400 Chestnut Street
Philadelphia PA 19103
STANELL, WILLIAM P ST
117 Creekwood Drive
Feasterville PA 19047
STARK, JAMIE C ST
450A West Maple Avenue
Hershey PA 17033
STAUB, PERPETUA A ST
3120 School House Lane
Philadelphia PA 19144
STAUDENMEIER JR, JAMES J ST
8502 16Th Street
Silver Spring MD 20910
STEIN, ANTHONY ST
1424 Lombard Street
Philadelphia PA 19146
STEIN, DAGMAR ST
23602 South Western Avenue
Harbor City CA 90710
STEININGER, BARBARA A ST
950 Walnut Street
Philadelphia PA 19107
STEPHEN, KRISTEN A ST
97 University Manor East
Hershey PA 17033
STEVENSON, ALAN J ST
1106 Roberts Road
Media PA 19063
STOLTZFUS, BONNIE M ST
6026 Germantown Avenue
Philadelphia PA 19144
STPHARD, DEBORAH ST
4000-123 Presidential Blvd
Philadelphia PA 19131
STRASSER, DAVID M ST
1295 North Providence Road
Media PA 19063
STREAR, CHRISTOPHER M ST
4521 Spruce Street
Philadelphia PA 19139
STROBER, JONATHAN B ST
6200 Wayne Avenue
Philadelphia PA 19144
SU, SEAN ST
3400 Henry Avenue
Philadelphia PA 19129
SU, SUSANA F ST
Orlowitz Residence Hall
Philadelphia PA 19107
SUNDY, JOHN S ST
874 North Beechwood Street
Philadelphia PA 19130
SUPERDOCK, DAVID T ST
2284 Ashley River Road
Charleston SC 29414
SUPINSKI, EDWARD M ST
2991 School House Lane
Philadelphia PA 19144
SUPNICK, AMY B ST
8120 Hammond Road
Elkins Park PA 19117
SVETEC, DAVID A ST
University Of Pa Sch Of Med
Philadelphia PA 19104
SWEENEY, CHRISTINE ST
117 South Tenth Street
Philadelphia PA 19107
SWETTER, SUSAN M ST
3201 Octavia Street
San Francisco CA 94123
SWIFT, SARAH E ST
428 West Ellet Street
Philadelphia PA 19119
SYKES JR, NORMAN L ST
6163 Lawnton Street
Philadelphia PA 19128
SYMS, MARK J ST
313 South Tenth Street
Philadelphia PA 19006
TALLUTO, DONNA M ST
1002 Spruce Street
Philadelphia PA 19107
TANNENBAUM, DAVID S ST
2201 Lombard Street
Philadelphia PA 19146
TARKA, ELIZABETH A ST
3861 Pine Road
Huntingdon Valley PA 19006

TAYLOR, PAULA R ST
950 Walnut Street
Philadelphia PA 19107
TEDESCHI, JOHN B ST
325 North 15th Street
Philadelphia PA 19102
TERRELL, JOHN A ST
University Manor
Hershey PA 17033
THOMAS, HOLLY J ST
223 University Manor East
Hershey PA 17033
THOMAS, LISA C ST
Five Margaret Avenue
Archbald PA 18403
THOMAS, TERESA A ST
401 South Hudson Avenue
Los Angeles CA 90020
THOMPSON, ANN-MARIE S ST
2209 St Albans Street
Philadelphia PA 19146
THOMPSON, SCOTT W ST
1601 Spring Garden Street
Philadelphia PA 19130
THOMPSON, THOMAS R ST
539 West Manheim
Philadelphia PA 19144
THOMPSON JR, ERIC D ST
786 North Croshey Street
Philadelphia PA 19130
TINKELMAN, BRAD J ST
263D Shawmont Avenue
Philadelphia PA 19128
TIRNEY, SEAN P ST
317 South 11th Street
Philadelphia PA 19107
TOKAREK, ROBERT M ST
University Of Pennsylvania
Philadelphia PA 19104
TOLERICO, PAUL H ST
1100 Pheasant Road
Harrisburg PA 17112
TOMANY, KEVIN S ST
221 South 12th Street
Philadelphia PA 19107
TOMASSO, STEPHANIE J ST
17 North Morgan Avenue
Havertown PA 19083
TOMASSONI, GERY F ST
19304 Winslow Road
Shaker Heights OH 44122
TOMEZSKO, JANET E ST
117 North 15th Street
Philadelphia PA 19103
TOUCH, SUZANNE M ST
950 Walnut Street
Philadelphia PA 19107
TREIMAN, ARTHUR M ST
649 Bobwhite Lane
Huntingdon Valley PA 19006
TRELLA, JENNIFER M ST
195 University Manor East
Hershey PA 17033
TREVINO, DAVID A ST
3316 North Park Avenue
Philadelphia PA 19140
TRINKLEY, DAVID R ST
2200 Ben Franklin Parkway
Philadelphia PA 19130
TROISE JR, JOSEPH L ST
7139 Ardleigh Street
Philadelphia PA 19119
TROSTLE, LORI C ST
600 Crains Cap Road
Carlisle PA 17013

TROTT, EDWARD A ST
707 Elmway Circle
Blue Bell PA 19422
TRUSSELL, J C ST
2991 School House Lane
Philadelphia PA 19144
TSAI, PAULUS D ST
950 Walnut Street
Philadelphia PA 19107
TUCKER, PETER J ST
313 Hallmark South
Hershey PA 17033
TULLIUS, CHRISTINE R ST
3910 Powelton Avenue
Philadelphia PA 19104
UBERTI, ANTHONY F ST
223 Crescent Drive
Hershey PA 17033
URBANSKI, LINDA M ST
3354A Cottman Avenue
Philadelphia PA 19149
UTZ, JEFFREY P ST
1700 Benjamin Franklin Parkwa
Philadelphia PA 19103
UY, JONATHAN J ST
2590 Cranston Road
Philadelphia PA 19131
VADAPALLI, SATISH R ST
100 Sw 15th Court
Boca Raton FL 33486
VAN ARSDALE, CINDY M ST
4300 Spruce Street
Philadelphia PA 19104
VAN STAVERN, GREGORY P ST
95 University Manor East
Hershey PA 17033
VANDENBELT, ANNE K ST
3650 Chestnut Street
Philadelphia PA 19104
VANDERHOFF, BRUCE T ST
15 Ardsley Road
Yardley PA 19067
VANNORT, JOSEPH J ST
Five Chestnut Street
Carbondale PA 18407
VARGAS, HUGO E * ST
2601 Pennsylvania Avenue
Philadelphia PA 19130
VENA, VINCENT ST
4418 Spruce Street
Philadelphia PA 19104
VILLARREAL, JACQUELINE A ST
325 North 15th Street
Philadelphia PA 19102
VOGEL, MITCHELL ST
3901 Conshohocken Avenue
Philadelphia PA 19131
VOGIN, GARY D ST
5547 North Fifth Street
Philadelphia PA 19120
WAGMAN, RICHARD S ST
414 West Manheim
Philadelphia PA 19144
WAGNER, KRISTINA M ST
104 Walmar Manor
Dillsburg PA 17019
WALLACE, THERESA C ST
1000 Walnut Street
Philadelphia PA 19107
WALTERS, JUSTIN R ST
301 Brindle Road
Mechanicsburg PA 17055
WALTHER, BRUCE E ST
2665 Egypt Road
Norristown PA 19403

WANG, JOHN Y ST
3650 Chestnut Street
Philadelphia PA 19104
WANG, KENNETH K ST
3650 Chestnut Street
Philadelphia PA 19104
WASHINGTON, E LACEY ST
3900 Chestnut Street
Philadelphia PA 19104
WASKIEWICZ, JILL A ST
195 Iron Hill Road
Doylestown PA 18901
WAWRZYNSKI II, PAUL E ST
310 East Winter Avenue
New Castle PA 16105
WEAVER, GAYLE J ST
310 West Upsal Street
Philadelphia PA 19119
WEBER, ALLAN A ST
601 West Cliveden
Philadelphia PA 19119
WEBER, ERIC A ST
336 Queen Street
Philadelphia PA 19147
WEBER, MD, Gary M ST
1000 Walnut Street
Philadelphia PA 19107
WEBER, JEFFREY K ST
232 Peach Avenue
Hershey PA 17033
WEIBEL, CHRISTOPHER J ST
3610 Haywood Street
Philadelphia PA 19129
WEIDNER, BRYAN C ST
2031 Locust Street
Philadelphia PA 19103
WEIDNER, JAMES R ST
6918 Grant Avenue
Pennsauken NJ 08109
WEIDNER JR, JOSEPH K ST
100 Reiffs Run Road
Ambler PA 19002
WEINBAUM, CINDY M ST
517 South 42nd Street
Philadelphia PA 19104
WEINBERG, JEFFREY M ST
3650 Chestnut Street
Philadelphia PA 19104
WEISMAN, EVAN B ST
1000 Walnut Street
Philadelphia PA 19107
WELBY, TIMOTHY D ST
9601 Ashton Road
Philadelphia PA 19114
WELCH, MARK J ST
317 Broad Street
Philadelphia PA 19107
WELLER, ALAN S ST
6200 Wayne Avenue
Philadelphia PA 19144
WERNING, JOHN W ST
8201 Henry Avenue
Philadelphia PA 19128
WEST, STEVEN E ST
2047A Bainbridge Street
Philadelphia PA 19146
WEXLER, SHARI B ST
523 Burnham Road
Philadelphia PA 19119
WHITE, JULIE M ST
2363 Mole Road
Secane PA 19018
WHITFORD, THEODORE C ST
1761 Moynelle Drive
Pittsburgh PA 15243

WHITMAN, JAMES F ST
4226 Pine Street
Philadelphia PA 19104
WHITMOYER, STEPHEN R ST
418 Evans Avenue
Wyomissing PA 19610
WHYTE, JOHN J ST
1700 Benjamin Franklin Pkwy
Philadelphia PA 19103
WILBRAHAM, STEVEN C ST
1812 Callowhill Street
Philadelphia PA 19130
WILLIAMS, DAVID T ST
2581 Balwynne Park Road
Philadelphia PA 19131
WILSON, DAVID G ST
191 Lynbrook Drive North
York PA 17402
WISE, SCOTT W ST
35 Runyon Road
Hummelstown PA 17036
WIXON, CHRISTOPHER L ST
R D 1 Box 126
Hummelstown PA 17036
WOLF, CINDY J ST
128 University Manor East
Hershey PA 17033
WOLF, ROBERT S ST
3650 Chestnut Street
Philadelphia PA 19104
WONG, ALAN ST
4903 North 13th Street
Philadelphia PA 19141
WONG, MICHAEL Y ST
3885 Pine Road
Huntgindon Valley PA 19006
WOO, Y JOSEPH ST
420 South 44th Street
Philadelphia PA 19104
WOODBURY, DEBORAH ST
501 South 46th Street
Philadelphia PA 19143
WOODS, DANA P ST
118 Cuthbert Street
Philadelphia PA 19106
WOOLLEY, DANIEL S ST
8201 Henry Avenue
Philadelphia PA 19128
WORKMAN, CHERYL A ST
35 Highland Avenue
Erial NJ 08081
WORMUTH, CHRISTOPHER J ST
University Manor
Hershey PA 17033
WU, LILLIAN ST
201 South 11th Street
Philadelphia PA 19107
WURZER, JAMES C ST
7530 Henry Avenue
Philadelphia PA 19128
WYDAN, ANTHONY G ST
623 Knoll Drive
Lansdale PA 19446
WYSOKINSKI, MARK L ST
8201 Henry Avenue
Philadelphia PA 19128
YAKIN, DAVID E ST
1801 John F Kennedy Boulevard
Philadelphia PA 19103
YAN, ALBERT C ST
4419 Osage Avenue
Philadelphia PA 19104
YANG, LYNN W ST
950 Walnut Street
Philadelphia PA 19107

YANNI, ANTHONY J ST
317 North Broad Street
Philadelphia PA 19107
YANUS, BARBARA J ST
4617 Pine Street
Philadelphia PA 19143
YAP, ENGLOK ST
1000 Walnut Street
Philadelphia PA 19107
YARNALL, DAVID C ST
22 University Manor
Hershey PA 17033
YAROSH, CHERYLON A ST
University Of Pennsylvnia
Philadelphia PA 19104
YELCICK, JOHN M ST
11908 Stevens Road
Philadelphia PA 19116
YELOVICH, ANN-KATHRYN ST
South Linden Avenue
Stoystown PA 15563
YOST JR, MD, Samuel A ST
1611 Green Street
Philadelphia PA 19130
YOUNG, THOMAS A ST
290 North Penryn Road
Manheim PA 17545
YUHAN, TIMOTHY C ST
37Th And Hamilton Walk
Philadelphia PA 19104
ZACCHEI, ANTHONY C ST
1000 Walnut Street
Philadlephia PA 19107
ZAGER, SCOTT L ST
8201 Henry Avenue
Philadelphia PA 19128
ZARLENGO, RAYMOND P * ST
216 University Manor
Hershey PA 17033
ZARRELLI, STEPHEN G ST
42 Conshohocken State Road
Bala Cynwyd PA 19004
ZAVATSKY, ALBERT R ST
549 West Manheim Street
Philadelphia PA 19144
ZELAC, DANIEL E ST
8150 New Second Street
Elkins Park PA 19117
ZELINSKY JR, JOSEPH J ST
3026 West Queen Lane
Philadelphia PA 19129
ZERN, JEFFRY T ST
3120 Schoolhouse Lane
Philadelphia PA 19144
ZIEGLER, BRIAN S ST
1003 Barringer Apartment
Philadelphia PA 19107
ZIMMERMAN, JULIE M ST
5506 Greene Street
Philadelphia PA 19144
ZIMMERMAN, KARL A ST
319 East Ridley Avenue
Ridley Park PA 19078
ZINN, HARRY L ST
230 South 41st Street
Philadelphia PA 19104
ZITTERMAN, JOSEPH A ST
1141 Alton Place
Philadelphia PA 19115

A

AARON, MD, Joshua N	Philadelphia
AARON, MD, Todd D	Bucks
AARONS, MD, Jerome H	Allegheny
AARONSON, MD, Herbert G	Montgomery
ABAD, MD, Raul M	Northampton
ABARBANEL, DO, Jack	Indiana
ABBASI, MD, Soraya	Philadelphia
ABBOTT, MD, Albert J	Luzerne
ABBOTT, MD, Joseph L	Chester
ABBOTT, MD, Robert M	Philadelphia
ABBOTT JR, DO, Harlan E	Mifflin/Juni
ABBOUD, MD, Elias M	Philadelphia
ABDULHAY, MD, Gazi	Lehigh
ABELL, MD, Debra T	Allegheny
ABELLA, MD, Romeo S	Delaware
ABER, MD, John M	Westmoreland
ABER, MD, Robert C	Dauphin
ABERG, JUDITH A	Student
ABERNATHY, MD, Ernest L	Washington
ABERNETHY, MD, Hugh C	Chester
ABGOTT, MD, Michael A	Northampton
ABHYANKAR, MD, Shreedhar P	Indiana
ABIDI, NICHOLAS A	Student
ABIR, MD, Isaac	Bucks
ABLAZA, MD, Sariel G	Philadelphia
ABLAZA, MD, Valerie J	Philadelphia
ABOOSI, MD, Ali J	Westmoreland
ABOULHOSN, MD, Hussein	Centre
ABOUNADER, MD, Pierre	Potter
ABOURAHME, GHASSAN	Student
ABOUSY, KHALID A	Student
ABRAHAM, DAVID J	Student
ABRAHAM, MD, George P	Bradford
ABRAHAM, MD, Hans A	Philadelphia
ABRAHAM, DO, Ronald	Philadelphia
ABRAHAMS, MD, Jonathan I	Cambria
ABRAHAMSON, MD, Manford N	Philadelphia
ABRAMOWITZ, DO, Jodi S	Philadelphia
ABRAMOWITZ, MD, Richard P	Luzerne
ABRAMS, MD, Albert D	Lehigh
ABRAMS, MD, Cyril	Philadelphia
ABRAMS, MD, Jeffrey Alan	Philadelphia
ABRAMS, MD, Peggy L	Philadelphia
ABRAMSON, MD, Edwin B	Philadelphia
ABRAMSON, MD, John	Delaware
ABRAMSON, MD, Maurice	Philadelphia
ABRAMSON, MD, Sandra V	Philadelphia
ABRUTYN, MD, Elias	Philadelphia
ABT, MD, Arthur B	Dauphin
ABUL-ELA, MD, Ahmad E	Lawrence
ABUL-ELA, MD, Mohamad	Lawrence
ABUL-FADL, MD, Yahya	Westmoreland
ABURANO, MD, Akio	Allegheny
ACETO, MD, Joseph N	Washington
ACEVEDO, MD, Jorge L	Allegheny
ACKER, MD, Brett L	Lycoming
ACKERMAN, BARBARA L	Student
ACKERMAN, MD, Bruce M	Allegheny
ACKERMAN, DO, Mark	Philadelphia
ACLE, MD, Alejandro E	Luzerne
ACLE, MD, Fernando J	Clearfield
ACOSTA, MD, Antonio E	Westmoreland
ACOSTA, MD, Jose R	Mifflin/Juni
ACOSTA II, MD, Elbert R	Lawrence
ACRICH, IVONNE A	Student
ACUFF, MD, James H	Allegheny
ADALJA, MD, Ashok N	Butler
ADAM, MD, Alberto L	Philadelphia
ADAMS, MD, D Leslie	Dauphin
ADAMS, DAVID C	Student
ADAMS, MD, David J	Montgomery
ADAMS, MD, James G	Allegheny
ADAMS, MD, Jonathan D	Centre
ADAMS, MD, Judith A	Montgomery
ADAMS, MD, Keith I	Clinton
ADAMS, MD, Laurence J	Lancaster
ADAMS, MD, Lynn I	Franklin
ADAMS, MD, Phillip Reese	Philadelphia
ADAMS, MD, Rocco J	Washington
ADAMS, MD, William H	Northmbrland
ADAMS III, MD, Ray D	Philadelphia
ADATEPE, MD, Mustafa H	Allegheny
ADDONIZIO, MICHAEL A	Student
ADELMAN, MD, Bernard P	Philadelphia
ADELMAN, DO, Fred H	Montgomery
ADELMAN, MD, Frederick P	Philadelphia
ADELMAN, MD, Philip A	Philadelphia
ADELMAN, MD, Ronald W	Northampton
ADI, MD, Rohit S	Carbon
ADI, MD, Rondi T	Carbon
ADIBI, MD, Fereydoon	Bucks
ADKINS, MD, John C	Allegheny
ADKINS, MD, William C	Erie
ADLER, DO, Donald J	Bucks
ADLER, MD, Jon S	Washington
ADLER, LAURENT	Student
ADLER, MD, Lawrence N	Allegheny
ADLER, MARK D	Student
ADLER, MD, Richard	Philadelphia
ADOLF, MD, Ann C	Northampton
ADONI, MD, Leon	Philadelphia
ADRID, MD, Augusto S	Bucks
ADUKAITIS, DO, Bernard C	Schuylkill
ADVINCULA, MD, Rizalito B	Clinton
AFFATATO, LISA	Student
AGAHIGIAN, MD, David D	Berks
AGARWAL, MD, Amrit K	Allegheny
AGARWAL, MD, Nikhileshwer N	York
AGARWAL, MD, Pasha	Philadelphia
AGERTY, MD, Horst A	Philadelphia
AGGARWAL, MD, Shiv S	Cumberland
AGNEW, MD, Edward A	Berks
AGNONE, MD, Peter M	Lackawanna
AGOURIDIS, MD, Nicholas T	Berks
AGRAWAL, MD, Radeshyam M	Allegheny
AGSTER, MD, Bruce E	Allegheny
AGUILERA, MD, Amelia G	Cambria
AGUILERA, MD, Bonifacio T	Cambria
AGUS, DAVID B	Student
AGUSTA, MD, Victor E	Lancaster
AGUSTIN, MD, Amelia V	Allegheny
AHDIEH, MD, Jalal	Philadelphia
AHERN, MD, Maryellen P	Northampton
AHERN, MD, Thomas S	Northampton
AHLBRANDT, MD, Duane E	York
AHLSTROM, MD, Brian P	Cambria
AHLUWALIA, MD, Harwinder S	Schuylkill
AHMAD, MD, Usman	Allegheny
AHMED, MD, Adiba S	Allegheny
AHMED, MD, Ali	Cumberland
AHMED, MD, Galal M	Lycoming
AHMED, MD, Niaz	Warren
AHMED, MD, Quzi M	Allegheny
AHN, MD, Chang W	Lancaster
AHONKHAI, MD, Vincent I	Philadelphia
AHRENSFIELD, DEBRA C	Student
AHRENSFIELD, MARGARET M	Student
AHUJA, MD, Subash C	Westmoreland
AICHELE JR, DO, Robert K	Lancaster
AICHER, MD, D Craig	Luzerne
AIELLO, MD, Stephen A	Bucks
AIGNER, MD, William J	Blair
AIKEN, MD, Lucille B	Allegheny
AIKEN, MD, Robert D	Philadelphia
AIMETTE, MD, Alexander A	Bucks
AIMINO, BARBARA J	Student
AINI, DO, Matthew A	Erie
AITA, MD, Paul C	Berks
AITKEN, MD, George S E	Philadelphia
AJELLO, MD, Robert R	Philadelphia
AJIT, MD, Jasvir K	Philadelphia
AKBAR, MD, Mohammad M	Schuylkill
AKBARI, MD, Saeed	Bucks
AKHTAR, MD, M Javed	Mckean
AKIL, MD, Mayada	Allegheny
AKRUK, MD, Samir R	Bucks
AKSU, MD, Ahmet	Northampton
AKSU, MD, Errol M	Dauphin
AL-PACHACHI, MD, Jinan T	Jefferson
AL-SAADI, MD, Khaldon	Westmoreland
AL-SAYYAD, MD, Mohammad F	Delaware
AL-SHAKIR, MD, Abdulrezzak M	Allegheny
ALAGIRISWAMI, MD, Krishnaswami	Columbia
ALAIMO, MARIA	Student
ALANDETE, MD, Alvaro	York
ALANIS, MD, David A	Philadelphia
ALARCON, MD, J Edgar	Chester
ALARCON, LOUIS H	Student
ALAVIZADEH, MD, Rowshan Z	Philadelphia
ALAVIZADEH, MD, Seyed M	Philadelphia
ALBANESE, MD, Ellenjeane	Dauphin
ALBAUM, MICHAEL N	Student
ALBERICO, MD, Anthony M	Philadelphia
ALBERT, ANDREW M	Student
ALBERT, MD, Seymour M	Philadelphia
ALBERT II, MD, John D	Erie
ALBERTINI, MD, Robert E	Montour
ALBERTS, MD, Nancy K	Beaver
ALBERTSON, MD, Richard P	Montgomery
ALBINSKI, LAWRENCE H	Student
ALBO, MD, Vincent C	Allegheny
ALBRECHT, MD, James B	Montgomery
ALBRIGHT, MD, A Leland	Allegheny
ALBRIGHT, MD, Gerald S	Lancaster
ALBRIGHT III, MD, William J	Dauphin
ALBURGER, MD, Philip D	Philadelphia
ALCANTARA, MD, Vicente A	Washington
ALCARO, MD, Joseph A	Adams
ALCARO, MD, Joseph F	Adams
ALCID, MD, Feliza A	Chester
ALCOFF, MD, Joel M	Allegheny
ALDEN, MD, James C	Montgomery
ALDEN, MD, Mark E	Montgomery
ALDERFER, MD, Arthur J	Bucks
ALDERFER, MD, Gill R	Delaware
ALDERFER, MD, Harold H	Chester
ALDERFER, J TODD	Student
ALDINGER II, MD, David L	Mifflin/Juni
ALDISERT, MD, Caesar O	Allegheny
ALDOUS, MD, Thomas W	Dauphin
ALDRIDGE, MD, Raymond	Bradford
ALESSI, MD, Carl F	York
ALESSI, MD, Thomas R	Montour
ALEXANDER, MD, Alan R	Lancaster
ALEXANDER, MD, Charles M	Delaware
ALEXANDER, MD, Fred	Philadelphia
ALEXANDER, MD, George A	Philadelphia
ALEXANDER, MD, Gilbert H	Allegheny
ALEXANDER, JOHN H	Student
ALEXANDER, MD, Linda S	Montgomery
ALEXANDER, MD, R William	Berks
ALEXANDER, MD, Roland R	Dauphin
ALEXANDER JR, MD, John D	Philadelphia
ALEXANDERIAN, MD, Harry A	Luzerne
ALFANO, MD, Salvatore N	Cumberland
ALFANO, DO, Samuel L	Lackawanna
ALGAZY, MD, Kenneth M	Montgomery
ALGEO, MD, Suzanne B	Philadelphia
ALI, MD, Abu N	Westmoreland
ALI, MIR B	Student
ALI, MD, Mohammad I	Lawrence
ALIKAKOS, MD, Louis C	Delaware
ALIOTTA, GUY J	Student
ALLAN, MD, Mary B	Chester
ALLANIGUE, MD, Rogelio M	Erie
ALLARAKHIA, MD, Iqbal N	Allegheny
ALLEN, MD, Brian D	York
ALLEN, MD, David W	Berks
ALLEN, MD, Dennis	Susquehanna
ALLEN, MD, Dennis W	Potter
ALLEN, MD, Gregg P	Allegheny
ALLEN, MD, Harold Y	Franklin
ALLEN, MD, Hugh L	Erie
ALLEN, MD, Ira S	Montour
ALLEN, MD, John E	Jefferson
ALLEN, MD, Lisa S	Bucks
ALLEN, MD, Richard	Dauphin
ALLEN, MD, Robert E	Northmbrland
ALLEN, MD, Robert L	Bradford
ALLEN, MD, Robert W	Mercer
ALLEN, DO, Steven K	Montgomery
ALLEN, MD, Thomas E	Allegheny
ALLEN JR, MD, Samuel D	Delaware
ALLENDER, MD, M Patrick	Mifflin/Juni
ALLEY, MD, Albert A	Lebanon
ALLEY, MD, Ali A	Columbia
ALLEY, MD, Richard A	Luzerne
ALLEY, MD, Samie A	Berks
ALLEY, MD, Valerie M	Philadelphia
ALLINGHAM, DO, Larry A	York
ALLISON, MD, James H	Adams
ALLISON, STEPHANI R	Student
ALLISON JR, MD, A Reid	Centre
ALLOY, DO, Curtis A	Philadelphia
ALLYN, MD, Russell E	Dauphin
ALMALLAH, MD, Ahmad Y	Westmoreland
ALMALLAH, MD, Shadiya	Westmoreland
ALMARIA, MD, Hermenegildo H	Luzerne
ALMASHAT, MD, Ala A	Columbia
ALMAZAN, MD, Antonio C	Lehigh
ALMQUIST, MD, John F	Erie
ALONZO, MD, James J	Allegheny
ALOSI, MD, Anthony J	Philadelphia
ALPERN, MD, A Nathan	Allegheny
ALPERN, DO, Jeffrey B	Montgomery
ALPERT, MD, Barry L	Allegheny
ALPERT, MD, Charles B	Philadelphia
ALPERT, MD, Jeffrey R	York
ALPERT, MD, Norman P	Montgomery
ALPERT, MD, Richard E	Montgomery
ALSTER, MD, Howard L	Cumberland
ALSTON, MD, Lucille L	Allegheny
ALTADONNA, MD, Victor	Lancaster
ALTAKER, MD, Lawrence L	Dauphin
ALTEMOSE, GREGORY T	Student
ALTER, MD, Elisa G	Philadelphia
ALTER, MD, Milton	Philadelphia
ALTEVEER, MD, Janet G	Philadelphia
ALTHOFF, MD, Marilyn F	Philadelphia
ALTHOUSE JR, MD, L Bruce	Dauphin
ALTLAND, MD, Robert C	York
ALTMAN, MD, Adam J	Philadelphia
ALTMAN, MD, Arthur A	Northampton
ALTMAN, MD, Brian D	Montgomery
ALTMAN, CHARLES A	Student
ALTMAN, MD, Kevin C	Beaver
ALTMAN, MD, Louis	Allegheny
ALTMAN, DO, Rodney S	Beaver
ALTMAN, DO, Sharon L	Beaver
ALTMAN, MD, Sidney I	Montgomery
ALTMAN JR, MD, Richard S	Lancaster
ALTOBELLI, MD, John A	Lehigh
ALTOMARE JR, MD, Frank J	Lehigh
ALTSCHULER, MD, Stanley L	Philadelphia
ALVAREZ, MD, Jose P	Westmoreland
ALVEAR, MD, Domingo T	Dauphin
ALVEAR, MD, Veneranda B	Dauphin
AMACHER, MD, A Loren	Montour
AMACHER, MD, Howard C	Erie
AMADEE, MD, Charles M	Westmoreland
AMADIO, DO, Angelo E	Clarion
AMADIO, MD, Julio J	Montgomery
AMADIO JR, MD, Peter	Philadelphia
AMAYO, MD, Jose G	Allegheny
AMBANI, MD, Narendra V	Carbon
AMBRAD, MD, Antonio J	Allegheny
AMBROSE, MD, C Huber	Westmoreland
AMBROSE, MD, David N	Lycoming
AMBROSE, SUSAN M	Student
AMBRUSO, MD, Victor T	Luzerne
AMENTLER, MD, John P	Luzerne
AMIN, MD, Atul K	Northampton
AMINA, MD, Suresh P	Lawrence
AMMER, MD, John L	Allegheny
AMORES, MD, Alfonso Y	Allegheny
AMOROSO, MD, Anthony C	Northampton
AMRICK, CHRISTOPHER J	Student
AMROM, MD, George J	Philadelphia
AMSBAUGH, MD, Glenn A	York
AMSHEL, MD, Albert L	Allegheny
AMSLER JR, MD, Fred R	Lycoming
AMSTER, DO, Norman H	Montgomery
AMSTERDAM, MD, Gerald H	Philadelphia
AMUSO, MD, Samuel J	Dauphin
AMYGDALOS, MD, Michael A	Allegheny
ANAND, MD, Sanjeev	Philadelphia
ANANIA, TINA J	Student
ANANTHA-RAMAN, MD, Ambale S	Allegheny
ANASTASI, MD, John S	Blair
ANBARI, MAZEN	Student
ANCHA, MD, Prasad R	Northampton
ANDERKO, MD, Frank T	Lehigh
ANDERSEN, MD, Edwin	Montgomery
ANDERSEN, MD, John M	Montgomery
ANDERSEN, MD, Rolf L	Lancaster
ANDERSEN, MD, Thomas W	Lancaster
ANDERSON, MD, Alice M	Philadelphia
ANDERSON, MD, Arlo C	Montgomery
ANDERSON, MD, Carolyn H	Allegheny
ANDERSON, MD, Gail C	Berks
ANDERSON, MD, Gary J	Montgomery
ANDERSON, MD, Gordon P	Erie
ANDERSON, MD, Herbert H	Allegheny
ANDERSON, MD, Jeffrey D	Allegheny
ANDERSON, MD, John B	Berks
ANDERSON, MD, John R	Northampton
ANDERSON, MD, Joseph B	Allegheny
ANDERSON, MD, Leonard S	Philadelphia
ANDERSON, MD, Richard E	Allegheny
ANDERSON, MD, Thomas E	Franklin
ANDERSON, MD, Victor S	Westmoreland
ANDERSON, MD, William C	Venango
ANDERSON, MD, William M	Dauphin
ANDERSON JR, MD, Lyle F	Dauphin
ANDERSON JR, MD, William H	Erie
ANDO, MD, Teodoro A	Lycoming
ANDREOZZI, MD, Robert J	Lebanon
ANDRES, CHRISTOPHER D	Student
ANDREW-JAJA, MD, Carey D	Allegheny
ANDREWS, MD, A Thomas	Dauphin
ANDREWS, MD, Gabriel J	Allegheny
ANDREWS, MD, Paul J	Luzerne
ANDREWS, MD, Percy J	Dauphin
ANDREWS, MD, Peter J	Luzerne
ANDREWS, MD, Waverly S	Philadelphia
ANDREWS III, MD, Willard G	Montgomery
ANDREWS-MURRAY, MD, Gayle	York
ANDRIES, MD, Raymond C	Delaware
ANDRIES, MD, Raymond M	Montgomery
ANDRIOLA, MD, Frank J	Dauphin
ANDRIOLE, MD, Gerald L	Luzerne
ANDRIOLE, DO, James M	Clinton
ANDRIOLE, MD, Joseph P	Lackawanna
ANDROKITES, MD, Arthur T	Dauphin
ANDROSKI, MD, John J	Lackawanna
ANDRUSS, MD, Robert J	Allegheny
ANEGAWA, NORIFUSA J	Student
ANEJA, MD, Surinder K	Allegheny
ANGELICO, MD, Richard J	Lehigh
ANGELIS, MICHAEL	Student
ANGELO, MD, John J	York
ANGLE, MD, William D	Lycoming
ANGLES, MD, Carmen	Philadelphia
ANGSTADT JR, MD, Paul N	Montgomery
ANGULO, MD, Armand J	Franklin
ANGUS, MD, Leslie R	Montour
ANISTRANSKI, MD, Joseph A	Luzerne
ANKER, MD, Anthony Leo	Philadelphia
ANKER, MD, Peter M	Dauphin
ANNESLEY JR, MD, William H	Delaware
ANNEST, MD, Stephen J	Bradford
ANNI, MD, Jane G	Philadelphia
ANNON JR, MD, Walter T	Philadelphia
ANO, MD, Antonio C	Philadelphia
ANOLIK, MD, Miriam O	Philadelphia
ANOLIK, MD, Mitchell A	Philadelphia
ANON, MD, Jack B	Erie
ANSARI, MD, Amir H	Allegheny
ANSARI, SHANAWAR	Student
ANSELMI, MD, Lanning A	Luzerne
ANSON, MD, Peter M	Lehigh
ANSWINE, MD, Joseph F	Dauphin
ANTALIK, MD, Paul E	Allegheny
ANTEMANN, MD, Richard W	Cambria
ANTENSON, MD, Charles M	Philadelphia
ANTHONY, MD, John A	Montgomery
ANTHONY, DO, Stephen P	Philadelphia
ANTI, MD, Alvise G	Allegheny
ANTICO, MD, Dominic A	Beaver
ANTKOWIAK, MD, Thomas L	Venango
ANTOGNOLI, MD, William J	Lackawanna
ANTONCIC, MD, Rudy	Allegheny
ANTONETTI, MD, Thomas B	Lycoming
ANTONIADES, MD, John	Philadelphia
ANTONUCCI, MD, Donna L	Montgomery
ANTOON JR, MD, Saleem J	Westmoreland
ANTOS, MD, John M	Bradford
ANTOS, MD, Thomas J	Allegheny
ANTYPAS, MD, Philip G	Allegheny
ANZALONE, MD, Angelo A	Luzerne
ANZALONE, MD, Salvatore	Berks
APOSTOLOU, MD, George C	Philadelphia
APPEL, MD, John W	Philadelphia
APPLEGATE, MD, Gerald B	Butler
APPLEGATE, MD, Russel C	Delaware
APPLESTEIN, MD, Bruce	Bucks
APTON, MD, Jeffrey H	Allegheny
AQUILINA, MD, Charles J	Luzerne
AQUINO, MD, Edwin A	Dauphin
ARAI, MD, Yoshio	Allegheny
ARANEDA, MD, Luis O	Blair
ARANGIO, MD, George A	Lehigh
ARANO, MD, Leonardo V	Montgomery
ARASTU, MD, Mohammad I	Northampton
ARATO, MD, Holly G	Montgomery

ARAVABHUMI, MD, Srinivas	Philadelphia
ARAVENA, MD, Ernesto B	Allegheny
ARAYA, MD, Cleto U	Allegheny
ARAYA, MD, Fernando	Luzerne
ARAYA, MD, Victor R	Philadelphia
ARBITMAN, MD, Michael	Beaver
ARBOGAST JR, MD, John W	Union
ARBOGAST SR, MD, John W	Union
ARCH JR, MD, Francis J	Allegheny
ARDITO, MD, Joseph M	Chester
ARENA, MD, Sebastian	Allegheny
ARENSON, CHRISTINE A	Student
ARES, MD, Nilda E	Lebanon
ARETZ, MD, Thomas E	Allegheny
ARFFA, MD, Robert C	Allegheny
ARGANI, MD, Faranak	Philadelphia
ARGENIO, MD, Sandra L	Montour
ARGENTINE JR, MD, Robert P	Allegheny
ARGER, MD, Peter H	Philadelphia
ARGINTEANU, MARC S	Student
ARGIRES, MD, James P	Lancaster
ARIAS, MD, Joanne D	Montour
ARILLOTTA, MD, Clyde	Allegheny
ARISUMI, MD, David N	Allegheny
ARISUMI, MD, Susan K	Montour
ARKOOSH, MD, Valerie A	Philadelphia
ARLOSOROFF, MD, Chaim	Philadelphia
ARLUK, MD, Judith I	Allegheny
ARMANIOUS, MD, Adel W	Westmoreland
ARMAO, MD, Joseph J	Delaware
ARMEN, MD, Robert N	Allegheny
ARMENTI, MD, Frederick R	Philadelphia
ARMENTO, MD, Donald F	Philadelphia
ARMFIELD III, MD, Samuel L	Allegheny
ARMITAGE, MD, Harry V	Delaware
ARMOUR, DO, Thomas F	Mercer
ARMOUR, MD, William S	Philadelphia
ARMSTRONG, MD, B Irene	Elk/Cameron
ARMSTRONG, MD, Delilah	Dauphin
ARMSTRONG, MD, Thomas A	Montgomery
ARNAO, MD, James	Philadelphia
ARNDT, MD, James L	Berks
ARNER, MD, Raymond H	Northampton
ARNHEIM, MD, Falk K	Allegheny
ARNHOLZ, MD, Deirdre	Philadelphia
ARNOLD, MD, John J	Clearfield
ARNOLD, MD, Laura S	Allegheny
ARNOLD, DO, Wayne V	Montgomery
ARONICA, MD, Michael J	Lackawanna
ARONSON, MD, Jerold M	Philadelphia
ARONSON, MD, Morton L	Allegheny
ARONSON, MD, Susan S	Philadelphia
ARORA, MD, Manju	Delaware
ARORA, MD, Ramesh	Cumberland
ARORA, MD, Subhash C	Lackawanna
AROUH, MD, Albert	Delaware
ARROW, DO, Berel B	Lancaster
ARSHT, MD, Edwin D	Delaware
ARTABANE, MD, Thomas A	Lackawanna
ARTHUR, ELIZABETH A	Student
ARTHUR, MD, James B	Mckean
ARTHUR, MD, Kenneth R	Lancaster
ARTIS, MD, Cathy J	Allegheny
ARTUSO, MD, Frank B	Allegheny
ARTZ, DO, William J	Philadelphia
ARUMUGARAJAH, MD, Kanagasabapathy	Adams
ASBELL, MD, Sucha O	Philadelphia
ASEEM, MD, Wafi M	Jefferson
ASH, MD, S Russell	Montgomery
ASHBAUGH, MD, William H	Butler
ASHBY, MD, John D	Franklin
ASHBY, MD, John W	Philadelphia
ASHIKARI, ANDREW Y	Student
ASHMAN, MD, George S	Cambria
ASHOK, MD, Puducheri S	Allegheny
ASHWORTH, MD, Halbert E	Berks
ASKAR, MD, F	Philadelphia
ASKIN, MD, Ralph J	Allegheny
ASKIN, MD, Stanley R	Centre
ASKINAS, MD, Alan M	Chester
ASLAM, MD, Azar	Crawford
ASLAM, MD, Mohammad	Schuylkill
ASLAM, MD, Mohammed	Somerset
ASMAN, MD, Barry J	Allegheny
ASO, MD, Orlando A	Carbon
ASPINALL, MD, Alan R	Westmoreland
ASTILL, MD, Joanne L	Philadelphia
ASTROFF, MD, Matthew R	Chester
ASUNCION, MD, Gregory F	Delaware
ATHANI, MD, Vijay S	Allegheny
ATKIN, MD, David H	Allegheny
ATKINS, MD, John L	York
ATKINS, MD, Robert M	York
ATKINS, MD, William R	Chester
ATKINS JR, MD, Joseph P	Philadelphia
ATKINS JR, MD, William R	Philadelphia
ATKINSON, CHARLES A	Student
ATKINSON, MD, Donald P	Allegheny
ATKINSON, MD, Jeffrey E	Allegheny
ATKINSON, MD, Nolan N	Montgomery
ATLAS, MD, Mark Peter	Philadelphia
ATNIP, MD, Robert G	Dauphin
ATTIPOE, NOBEL D	Student
ATWELL, MD, Robert B	Allegheny
ATWELL II, DO, Grant E	Somerset
ATWELL SR, DO, Grant E	Somerset
ATWI, CELINA A	Student
AUCH, MD, Ella M	Northampton
AUDAY, MD, Jose H	Philadelphia
AUERBACH, MD, Herman L	Luzerne
AUERBACH, DO, Jeffrey C	Wayne/Pike
AUERBACH, MD, Mark H	Northampton
AUERBACH, DO, Robert S	Philadelphia
AUGELLI-HODOR, DO, Linda P	Northampton
AUGHINBAUGH, MD, Thomas H	Clearfield
AUGSBURGER, MD, James J	Philadelphia
AULT, GLENN T	Student
AUMENTADO, MD, Dennis J	Allegheny
AURAND, MD, Eleanor M	Mifflin/Juni
AURANDT, MD, Henry N	Berks
AURE, MD, Horacio S	Allegheny
AURE, MD, Isabel R	Allegheny
AURITT, MD, William A	Montgomery
AUSTIN, MD, Edward M	Allegheny
AUSTIN, MD, Paul F	Allegheny
AUSTRIAN, MD, Robert C	Philadelphia
AUTERI, MD, Anthony G	Lehigh
AVANCENA, MD, Edgardo P	Montgomery
AVART, DO, Herbert	Philadelphia
AVEDISSIAN, MD, Michael G	Berks
AVELLA, MD, Berard N	Berks
AVELLA, MD, David P	Chester
AVELLINO, MD, Joseph D	Philadelphia
AVENIA, MD, Ronald J	Columbia
AVERSA, MD, Jeffrey M	Philadelphia
AVERSA, MD, Nicholas	Philadelphia
AVERSA JR, MD, Zefferino A	Philadelphia
AVNER, MD, David L	Greene
AVOLIO JR, MD, Armando	Philadelphia
AWAD, MD, Latif L	Montour
AWAN, MD, Ihsan H	Allegheny
AWAN, MD, Rashid A	Cambria
AXELROD, MD, Budd B	Philadelphia
AXELROD, MD, Janice H	Allegheny
AXELROD, MD, Lawrence S	Montgomery
AXELROD, DO, Norman M	Lancaster
AXELROD, MD, Rita S	Philadelphia
AXELROD, MD, Sheldon L	Northampton
AXELSON, MD, Alan A	Allegheny
AXERAO, MD, Andrew M	Philadelphia
AYASSO, MD, M Samir	Allegheny
AYDIN, MD, Abed A	Jefferson
AYERLE, MD, Robert S	Philadelphia
AYERS, MD, Charletta A	Philadelphia
AYERS, MD, Lloyd R	Blair
AYERS JR, MD, William H	Delaware
AYLWARD, MD, John J	Chester
AYNARDI, MD, J Marc	Berks
AYOUB, MD, William T	Mifflin/Juni
AYRES, MD, William W	Fayette
AZAR, MD, Albert A	York
AZAR, MICHAEL J	Student
AZAR, MD, Reza R	Bucks
AZCONA, MD, Oscar C	Washington
AZEEZ, MD, Saleem Abdul	Philadelphia
AZER, MD, Magdi S	Cambria
AZIZ, MD, Abdulrab	Allegheny
AZIZKHAN, MD, Reza G	Dauphin

B

BABACZ, MD, Teofil	Chester
BABB, MD, Stephen R	Bucks
BABB, MD, Terrence E	Tioga
BABIN, MD, Roman A	Elk/Cameron
BABINECZ, MD, John M	Chester
BABU, MD, Vallabhaneni S	Washington
BACAK, MD, Joseph F	Northampton
BACASTOW, MD, Merle S	York
BACCASH, MD, Patricia D	Philadelphia
BACESKI, MD, Deborah A	Somerset
BACHARACH, MD, Benjamin	Philadelphia
BACHARACH, MD, Matthew D	Lancaster
BACHER, MD, Ave M	Allegheny
BACHMAN, MD, William H	Lancaster
BACHMAN, WILLIAM R	Student
BACKE JR, MD, Henry A	Philadelphia
BACKENSTOSE, MD, Daniel L	Dauphin
BACKES, MD, Celso L	Potter
BACON, MD, Richard W	Lancaster
BADAMO, MD, Francis P	Jefferson
BADARACCO, MD, Marie R	Columbia
BADAWI, MD, Radwan A	Lackawanna
BADAYOS, MD, Alicia P	Montgomery
BADER, KAREN M	Student
BADIALI, MD, S Charles	Washington
BADILLO, MD, Linda J	Philadelphia
BADMAN, MD, Dennis S	Tioga
BADOLATO, MD, David J	Montgomery
BADOSA, MD, Francisco	Philadelphia
BADWAY, MD, David M	Allegheny
BAER, DAVID N	Student
BAER, MD, Michael T	Dauphin
BAER, MD, Samuel	Philadelphia
BAERTL, MD, Juan M	York
BAERTSCH, MD, Natasha	Allegheny
BAFFONI JR, MD, Albert D	Allegheny
BAGHAI-NAIINI, MD, Parviz	Allegheny
BAGLEY, MD, Demetrius H	Philadelphia
BAGNICK, MD, Joseph F	Montour
BAHIA, MD, Jinan O	Dauphin
BAHL, MD, Mohinder M	Allegheny
BAHL, MD, Vijay K	Allegheny
BAHLER, MD, Eileen	Westmoreland
BAHNSON, MD, Robert R	Allegheny
BAIKADI, MD, Madhava	Lackawanna
BAILER, DO, Alan S	Montgomery
BAILEY, MD, James L	Allegheny
BAILEY, MD, Stephen R	Allegheny
BAILEY, MD, William F	Philadelphia
BAILEY, MD, William R	Allegheny
BAILEY III, DO, John H	Crawford
BAILEY JR, MD, John H	Crawford
BAILEY JR, LEONARD C	Student
BAILEY JR, MD, Robert S	Montgomery
BAIN, BRIAN K	Student
BAIO, MD, Michael V	Delaware
BAIR, MD, Jeffrey F	Monroe
BAIR, MD, Robert C	Tioga
BAIR, MD, Rosalie L	Philadelphia
BAIR, MD, Victor W	Washington
BAIR, MD, William L	Allegheny
BAIRD, MD, Edward F	Lancaster
BAIRD, MD, James W	Allegheny
BAIRD, MD, Robert M	Monroe
BAISAS, MD, Roger C	Bucks
BAJAJ, MD, Rajiv K	Lackawanna
BAJWA, MD, Surinder S	Westmoreland
BAKER, MD, Carol C	Allegheny
BAKER, MD, Daniel G	Delaware
BAKER, MD, David C	Lehigh
BAKER, MD, Donald J	Philadelphia
BAKER, MD, Everett M	Allegheny
BAKER, MD, Graeme C	Erie
BAKER, MD, Jeffrey H	Centre
BAKER, MD, Kenneth M	Montour
BAKER, MD, Linda J	Philadelphia
BAKER, MD, Mark S	Centre
BAKER, MD, Marvin P	Butler
BAKER, MD, Michael P	Montour
BAKER, MD, Robert H	Mercer
BAKER, MD, Robert L	Allegheny
BAKER, MD, Roy F	Centre
BAKER, MD, Stephen D	Allegheny
BAKER, DO, Terence R	Berks
BAKER, MD, Thomas E	Luzerne
BAKER, MD, Walter J	Allegheny
BAKER II, DO, Robert L	Allegheny
BAKER JR, MD, Arthur G	Delaware
BAKER JR, MD, George W	Franklin
BAKER-VAUGHN, MD, Lisa M	Lehigh
BAKEWELL, MD, Frank S	Washington
BAKSHI, MD, Kalind R	Philadelphia
BAKSHI, MD, Kinnari K	Bucks
BAKTH, MD, Shamsher	Allegheny
BALABAN, MD, Donald J	Philadelphia
BALABAN, MD, Selma A	Delaware
BALARAMAN, MD, Govindachetty	Franklin
BALASH, MD, William R	Armstrong
BALASUBRAMANIAN, MD, Easwaran	Philadelphia
BALCHANDANI, MD, Rajkumari B	Philadelphia
BALCITA, MD, Arthur L	Westmoreland
BALDECK, MD, Andrea M	Philadelphia
BALDERACH, MD, Ronald R	Lawrence
BALDERSTON, MD, Richard A	Philadelphia
BALDERSTON, MD, Virginia M	Allegheny
BALDIA, MD, Liveo B	Columbia
BALDWIN, ROBERT C	Student
BALDWIN, MD, Thomas M	Beaver
BALDYS, MD, James S	Lycoming
BALES, MD, Charles R	Erie
BALI, MD, Ajay K	Luzerne
BALIN, MD, Arthur K	Delaware
BALIN, MD, Benjamin R	Delaware
BALIN, MD, Solomon L	Philadelphia
BALINT, MD, Bart W	Erie
BALINT, MD, Jane Penelope	Philadelphia
BALISTOCKY, MD, Marvin H	Montgomery
BALK, MARSHALL L	Student
BALK, MD, Phillip	Allegheny
BALKANY, MD, Christopher K	Lancaster
BALLANTYNE, MD, James V	Allegheny
BALLARD, MD, Ian M	Montgomery
BALLEK, MD, Ronald E	Philadelphia
BALLENTINE, MD, George N	Lycoming
BALLENTINE, MD, Rudolph M	Wayne/Pike
BALLS, MD, Kent F	Montgomery
BALMASEDA, MD, Ofelia B	Philadelphia
BALOG, MD, Balint	Dauphin
BALOGH JR, MD, Robert J	Lebanon
BALOURIS, MD, Christ A	Allegheny
BALSAMO, MD, Anthony J	Philadelphia
BALSBAUGH, MD, George T	Dauphin
BALSHI, MD, James D	Northampton
BALSHI, MD, Stephen F	Northampton
BALTAROWICH, MD, Oksana H	Philadelphia
BALTZ, MD, Richard D	Dauphin
BALTZELL, MD, William H	Philadelphia
BALZ, MD, Thomas P	Montour
BAMBERGER, MD, Grant W	Chester
BAMBERGER, MD, John A	Lebanon
BAMONT, MD, Anthony J	Philadelphia
BAMONTE, MD, Edward L	Allegheny
BANACH, MICHAEL J	Student
BANCROFT, MD, Edith D	Montgomery
BANCROFT, MD, Ursula F	Philadelphia
BANDARANAYAKE, MD, Nisantha M	Westmoreland
BANDARANAYAKE, MD, Piching	Allegheny
BANDINI JR, MD, Paul J	Philadelphia
BANDS JR, MD, Roy E	Cumberland
BANDUCCI, MD, Dennis R	Dauphin
BANE, MD, Denis M	Schuylkill
BANERJI, SANJAY	Student
BANEY JR, MD, Charles M	Berks
BANK, MD, R Stanley	Dauphin
BANKA, MD, Reena S	Philadelphia
BANKACI, MD, Murat	Westmoreland
BANKS, LOUISE Y	Student
BANMILLER, MD, James D	Montgomery
BANNER, MD, Richard N	Montgomery
BANNER, MD, Ronald S	Philadelphia
BANNETT, DO, Gregg A	Montour
BANNISTER, MD, Kyra H	Bradford
BANNISTER JR, MD, William B	Lawrence
BANNON, MD, Charles J	Lackawanna
BANOGON, MD, Marietta A	Dauphin
BANSAL, MD, Harinder K	Philadelphia
BANSAL, MD, Surendra K	Allegheny
BANSBACH, MD, Jean M	Philadelphia
BANSBACH, MD, William A	Philadelphia
BANSIDHAR, MD, Bhadrasine	Beaver
BANTLY, MD, Harry C	Jefferson
BANTLY, MD, Victor S	Cambria
BANTOM III, MD, Walter E	Philadelphia
BANZHOFF, MD, Gordon K	Dauphin
BAQUERO-BUENO, MD, Mario R	Washington
BAR, MD, Allen H	Philadelphia
BARACKA, BRENDA A	Student
BARAD, MD, Roxana F	Allegheny
BARAFF, MD, Robert	Allegheny
BARAKAT, MD, Adel R	Lackawanna
BARAN, MD, Ernest M	Montgomery
BARANSKI, MD, Edward J	Adams
BARATTA, MD, Pasquale D	Wayne/Pike
BARATZ, MD, Burton H	Philadelphia
BARB, MD, Herman T	Delaware
BARBA III, MD, William P	Bucks
BARBAREVECH, CHRISTOPHER A	Student
BARBER, MD, James J	Allegheny
BARBER, MD, John V	Westmoreland
BARBER, JOSEPH A	Student
BARBER, MD, Joseph C	Erie
BARBER, DO, Kevin G	Philadelphia
BARBER, MD, Lee A	Philadelphia
BARBER, DO, Locke W	Philadelphia
BARBER, MD, Margaret	Philadelphia
BARBERA, CHARLES F	Student
BARBO, MD, Dorothy M	Philadelphia
BARBOUR, MD, Peter J	Lehigh
BARCH, MD, Frank J	Chester
BARCLAY, MD, Clayton C	Schuylkill
BARCLAY JR, MD, Clayton C	Montgomery
BARD, MD, Joseph L	Montgomery
BARDALES, RICHARD M	Student
BARDELLA, MD, Inis J	Franklin
BARDZIL, MD, Joseph W	Washington
BARENBAUM, MD, Daniel H	Philadelphia
BARENBERG, MD, Paul A	Chester
BARG, MD, Ronald B	Montgomery
BARI, MD, Merle M	Allegheny
BARILLA, MD, Donald E	Lehigh
BARILLO, MD, David J	Lehigh
BARISH, MD, Stuart S	Philadelphia
BARKE, MD, James N	Berks
BARKER, MD, Clyde F	Philadelphia
BARKER, MD, Richard G	Philadelphia
BARKETT JR, ROBERT E	Student
BARLEY, MD, Samuel B	Jefferson
BARLOW, DO, Alfred M	York
BARLOW JR, MD, Robert A	Philadelphia
BARMADA, MD, Bicher	Allegheny
BARNA, MD, Nicholas J	Montour
BARNABY JR, MD, Arthur J	Philadelphia
BARNES, MD, Anne U	Philadelphia
BARNES, MD, Ben C	Lehigh
BARNES, MD, Denice M	Bucks
BARNES, MD, W Stephen	Centre
BARNES, MD, William J	Allegheny
BARNES, MD, William T	Centre
BARNES, MD, Willis C	Lackawanna
BARNES II, MD, Arthur E	Westmoreland
BARNETT, MD, Alan J	Allegheny
BARNETT, MD, Marian	Butler
BARNETT, MD, Ronald B	Montgomery
BARNHART, JONATHAN L	Student
BARNHOUSE, MD, David H	Allegheny
BARNICLE, MD, Daniel J	Indiana
BARNICLE, MD, Maryanne	Indiana
BARNOSKI, MD, John F	Dauphin
BAROLAT-ROMANA, MD, Giancarlo	Philadelphia
BARON, MD, John	Allegheny
BARON, MD, Raymond C	Philadelphia
BARON, MD, Richard J	Philadelphia
BARON, MD, Scott L	Allegheny
BARON JR, MD, Andrew J	Lackawanna
BARONE, MD, Anthony	Lehigh
BARONE, MD, Frances A	Bucks
BARONE, LILLIAN B	Student
BARONE, MD, Samuel F	Allegheny
BARR, MD, Gary A	Allegheny
BARR, MD, Gavin C	Northampton
BARR, MD, Harry J	Montgomery
BARR, MD, Richard G	Delaware
BARR, MD, V Ward	Lancaster
BARR JR, MD, James H	Allegheny
BARRAS, MD, David I	Luzerne
BARRASSE, MD, Linda D	Lackawanna
BARRER, MD, Mitchell J	Bucks
BARRER, MD, Steven J	Montgomery
BARRETT, MD, George S	Northampton
BARRETT, MD, James P	Berks
BARRETT, MD, John S	Berks

BARRETT, MD, Michael J	Philadelphia
BARRETT, MD, Robyn Lerner	Philadelphia
BARRETT, MD, Stephen J	Lehigh
BARRETT, MD, William A	Allegheny
BARRETT-TANGOREN, MD, Tracy E	Philadelphia
BARRETTE, MD, Roger R	Washington
BARRINGER, MD, Lydia R	Philadelphia
BARRIOS, MD, Mario F	Berks
BARRIS, MD, Bruce J	Bucks
BARRIST, MD, Ellis M	Philadelphia
BARRON, MD, Kenneth G	Allegheny
BARRY, MD, Brenda M	Philadelphia
BARRY, MD, William E	Philadelphia
BARRY, MD, William J	Chester
BARSANTI, MD, Ronald G	Dauphin
BARSKY, DO, Howard Edwin	Philadelphia
BARSOUM, MD, Adib H	Westmoreland
BARSZCZOWSKI JR, MD, Peter J	Lawrence
BARTEAUX, MD, John W	Erie
BARTGES, MD, John D	Lancaster
BARTH, LINDA J	Student
BARTHAUER, LINDA M	Student
BARTHO, MD, Blaine F	Perry
BARTLE JR, MD, Harvey	Montgomery
BARTLETT, MD, David L	Philadelphia
BARTLETT, MD, Glen S	Dauphin
BARTLOW, MD, William P	Lycoming
BARTMAN, THOMAS	Student
BARTOLANZO, MD, Robert A	Bucks
BARTOLET, MD, Terry L	Northampton
BARTOLOZZI, MD, Maria A	Philadelphia
BARTON, MD, F Jane	Dauphin
BARTON, MD, James C	Franklin
BARTON, MD, John O	Dauphin
BARTON, MD, Robert L	Lebanon
BARTONE, MD, Francis F	Montour
BARTOS, MD, Joseph E	Northampton
BARTOS, MD, Sylvia A	Washington
BARTUSIS, MD, Mary A	Bucks
BARTUSKA, MD, Doris G	Philadelphia
BARTUSKA, MIA C	Student
BARUA, MD, Subrata P	Westmoreland
BARUSEWYCZ, MD, Sr Maria N	Philadelphia
BARZYK, MD, Peter P	Erie
BASARAB, MD, Robert M	Lancaster
BASHARA, MD, Thomas J	Lawrence
BASHLINE, DO, Bruce S	Dauphin
BASHLINE, MD, Don L	Mercer
BASHLINE, MD, H Woodrow	Mercer
BASHORE JR, MD, Robert M	Lancaster
BASILE, MD, Joseph	Blair
BASKA, MD, John K	Beaver
BASKIN, MD, Andrew J	Chester
BASOM, MD, Donald E	Mifflin/Juni
BASSALY, MD, Rifaat R	Lawrence
BASSETT, MD, James G	Philadelphia
BASSILIOS, MD, Fouad A	Allegheny
BAST, MD, William R	Adams
BASTIAN, MD, Grace A	Philadelphia
BASTIAN, MD, James R	Lycoming
BATCHELDER, MD, Barron M	Berks
BATCHELDER, KEITH F	Student
BATCHELET, DO, Richard B	Delaware
BATES, MD, James S	Montour
BATES, THOMAS E	Student
BATES JR, MD, Olice	Montour
BATHRICK, MD, Charles E	Erie
BATIPPS JR, MD, Percy O	Delaware
BATLLE, MD, Maurice A	Allegheny
BATLUCK, DO, David J	Lackawanna
BATMAN, BRIAN A	Student
BATOFF, MD, Milton A	Philadelphia
BATOK, MD, Gary R	Luzerne
BATORY, MD, Katherine H	Centre
BATRA, MD, Preet M	Philadelphia
BATTAFARANO, MD, Leonard A	Philadelphia
BATTAFARANO, MD, Nicholas C	Chester
BATTERTON, MD, Thomas D	Philadelphia
BATTISTA, MD, Frank J	Dauphin
BATTS JR, MD, James A	Philadelphia
BATZER, MD, Frances R	Philadelphia
BAUDER, MD, Elizabeth S	Lehigh
BAUER, MD, Frank L	Allegheny
BAUER, MD, Franz P	Cumberland
BAUER, MD, James E	Indiana
BAUER, MD, James E	Armstrong
BAUER, MD, Robert L	Lebanon
BAUER, MD, Thomas L	York
BAUER, MD, William F	Allegheny
BAUM, MD, Edgar S	Lehigh
BAUM, MD, Jeffrey A	Allegheny
BAUM, MD, Neil B	Venango
BAUM, MD, Sheldon F	Delaware
BAUM, MD, Stanley	Philadelphia
BAUM-BARVIE, MD, Alicia	Westmoreland
BAUMAN, MD, Dorothy H	Allegheny
BAUMAN, DO, John M	Erie
BAUMAN, MD, Thomas W	Fayette
BAUMANN, MD, Brenda K	Luzerne
BAUMANN, MD, Thomas L	Luzerne
BAUMEL, ANDREW S	Student
BAUMEL, MD, Mark J	Philadelphia
BAUMGARDNER, MD, James E	Philadelphia
BAUMGARTEL, MD, Ira E	Allegheny
BAUMWELL, MD, Ivan A	Allegheny
BAURER, MD, Frederic M	Philadelphia
BAUSCH, MD, Andrew N	Lehigh
BAUSCH, MD, Richard D	Lehigh
BAUSCH JR, MD, Frederick R	Lehigh
BAUTISTA, MD, Primo V	Westmoreland
BAVER, MD, George A	Montgomery
BAXLEY, MD, Michael N	Allegheny
BAXTER, MD, John A	Montour
BAXTER, MD, Louis E	Montour
BAYANI JR, MD, Eladio Y	Westmoreland
BAYER, DO, Jay D	Franklin
BAYER, MD, Joseph F	Washington
BAYLOR, KATHY E	Student
BAYRI, MD, Mehmet F	Lehigh
BAYUK, MD, John D	Beaver
BAYUK, MD, Julian M	Montgomery
BAZEL, MD, Saeed	Lehigh
BAZEWICZ, MD, Robert A	Lebanon
BAZMI, MD, Hassan	Allegheny
BAZMI, MD, Neptune K	Allegheny
BAZRON, MD, Herbert	Allegheny
BAZYLAK, MD, Robert A	Crawford
BAZZAN, MD, Anthony J	Philadelphia
BAZZOUI, MD, Widad	Mckean
BEACH, MD, John E W	Dauphin
BEACHER JR, MD, George W	Lancaster
BEACHLER, MD, John S	Allegheny
BEACHLEY, MD, Michael C	Allegheny
BEACHY, MD, Ivan E	Cumberland
BEACHY, MD, Stanley C	Cumberland
BEALE, MD, Benjamin R	Dauphin
BEALE, DO, Eileen P	Tioga
BEALER, MD, John D	Northampton
BEALL, MD, Sandra C	Lycoming
BEAN, MD, Carl B	Butler
BEAN, GEORGE J	Student
BEAN, MD, Jonathan F	Philadelphia
BEANE, MD, Howard C	Dauphin
BEARD, MD, Denise M	Lehigh
BEARDWOOD, MD, Donald M	Montgomery
BEATON, DO, David L	Erie
BEATTY, 501, Albert C	Philadelphia
BEAUCHAMP JR, MD, Eugene W	Philadelphia
BEAUDREAU, MD, David G	Allegheny
BEAUGARD, MD, Mark E	Chester
BEAUSANG, MD, Thomas	Schuylkill
BEAVEN, MD, Barry J	York
BEAVER, MD, Warren J	Erie
BECERRA-CABAL, MD, Luis I	Montgomery
BECK, MD, Aaron T	Philadelphia
BECK, MD, Allan G	Philadelphia
BECK, MD, Bonny L	Montour
BECK, MD, Christine H	Northampton
BECK, MD, Donald E	Mercer
BECK, MD, Gerald	Erie
BECK, MD, Gunhilde M	Dauphin
BECK, MD, Jan	Bradford
BECK, JEFFREY A	Student
BECK, DO, Jonathan E	Montgomery
BECK, MD, Laurence H	Montour
BECK, MD, Robert H	Huntingdon
BECK, MD, Ronald C	Allegheny
BECK, MD, Sidney	Philadelphia
BECK, MD, Sylvia R	Philadelphia
BECK, MD, William C	Bradford
BECKER, MD, Andrea J	Montgomery
BECKER, MD, Bruce	Columbia
BECKER, MD, Carl K	Lebanon
BECKER, MD, Irwin	Philadelphia
BECKER, MD, Joseph M	Philadelphia
BECKER, MD, Keith R	Montour
BECKER, MD, Martin S	Northampton
BECKER, DO, Michael A	Delaware
BECKER, MD, Nancy Scott	Philadelphia
BECKER, MD, Stephen E	Blair
BECKER, MD, Ward G	Berks
BECKLEY, MD, Robert F	Lycoming
BECKMAN, DO, Irwin	Allegheny
BECKMAN, JAMES D	Student
BECKMAN, MD, William R	Adams
BECKWITH, MD, William R	Delaware
BEDDINGS, MD, Alejandro	Bucks
BEDETTI, MD, Carlos D	Allegheny
BEDFORD, MD, Richard A	Philadelphia
BEDGER JR, MD, Richard C	Westmoreland
BEDNAR, MD, John M	Philadelphia
BEDNAREK, MD, Joseph M	Philadelphia
BEDNAREK, MD, Thomas F	Bradford
BEDNARSKI, MD, Jeffrey J	Erie
BEDNARZ, LUCIAN P	Student
BEDNARZ, MD, Wallace W	Lycoming
BEDRICK, MD, Edward L	Philadelphia
BEDROSSIAN, MD, E Howard	Delaware
BEDROSSIAN JR, MD, Edward H	Delaware
BEDWELL, MD, Scott H	Crawford
BEEBY, MD, James L	Erie
BEECHAM, MD, Clayton T	Montour
BEEKEY JR, MD, Cyrus E	York
BEEM, MD, John W	Berks
BEER, MD, Sally G	Philadelphia
BEERMAN, MD, Curtis A	Cambria
BEERMAN, MD, Herman	Philadelphia
BEERS, MD, Kenneth L	Blair
BEETEL, MD, Christopher J	Berks
BEGG, MD, Frank R	Allegheny
BEGLEY, MD, Christopher J	Blair
BEGUM, MD, Dilwara	Allegheny
BEGUN, MD, Jerome H	Luzerne
BEH, MD, Walter P	Mercer
BEHAR, MD, Robert D	Philadelphia
BEHBEHANIAN, MD, Mahin D	Delaware
BEHJAT, MD, Fa-Ezeh	Philadelphia
BEHREND, MD, Bernard	Philadelphia
BEHRENDT, MD, Richard P	Mercer
BEHRMAN, MD, Amy J	Philadelphia
BEHUN, MD, Joseph M	Allegheny
BEIDLER, MD, Jon G	Franklin
BEIGHE, MD, Denise I	Montgomery
BEILER, MD, David D	Montour
BEITEL JR, MD, Robert J	Lehigh
BEITTEL JR, MD, Charles R	Dauphin
BEITZEL, MD, James E	Somerset
BEIZER, MD, Lawrence H	Philadelphia
BEKOE, MD, Seth	Allegheny
BELARDI JR, MD, Albert A	Delaware
BELASCO, MD, Robert N	Montgomery
BELENKO, MD, Michael I	Monroe
BELFIGLIO, DO, Stephen F	Philadelphia
BELICH, MD, Stephen C	Beaver
BELK, MD, H Dean	Allegheny
BELL, MD, Ella C	Philadelphia
BELL, MD, H Craig	Montgomery
BELL, MD, James B	Delaware
BELL, MD, Joseph G	Lehigh
BELL, KAREN A	Student
BELL, MD, Lawrence D	Beaver
BELL, MD, Louis D	Philadelphia
BELL, MD, Mark H	Luzerne
BELL, MD, Michael A	Lehigh
BELL, MD, Michael C	Beaver
BELL, MD, Randall W	Montgomery
BELL, MD, Richard T	Berks
BELL, MD, Robert L	Chester
BELL, MD, Stephen T	Lancaster
BELL, MD, Thomas G	Clearfield
BELL JR, MD, C Ray	Lebanon
BELL JR, MD, David M	Washington
BELL-THOMSON, MD, John	Philadelphia
BELLA, MD, Paraluman	Butler
BELLA, MD, Romeo H	Lawrence
BELLANCA JR, MD, Guy L	Westmoreland
BELLER, MD, Martin L	Philadelphia
BELLES, MD, Terry A	Lycoming
BELLIN, MD, Harvey J	Philadelphia
BELLINGER, MD, E Lee	Tioga
BELLINGER, MD, Mark F	Allegheny
BELLIS, MD, John A	Chester
BELLUS, MD, John J	Montgomery
BELMONT, MD, Donald J	Lehigh
BELMONT, MD, Herman S	Philadelphia
BELMONT, MD, Jonathan B	Montgomery
BELMONT, MD, Owen	Philadelphia
BELOVICH, MD, Debbie L	Dauphin
BELSON, MD, Arthur B	Chester
BELTON, ERICA M	Student
BELTZ, MD, William R	Lycoming
BEMILLER, MD, Carl	Schuylkill
BEMIS, MD, Charles Eastman	Philadelphia
BENACK, MD, Andrea	Philadelphia
BENACK, MD, Carl A	Allegheny
BENCIE, MD, David J	Cambria
BENCKART, MD, Daniel H	Allegheny
BENDER, MD, Barry L	Clinton
BENDER, MD, Bruce R	Beaver
BENDER, MD, Filitsa H	Allegheny
BENDER, DO, John D	Montgomery
BENDER, DO, John H	Berks
BENDER, MD, Joseph	Montgomery
BENDER, MD, Richard J	Allegheny
BENDER, DO, Robert M	Lancaster
BENDER, MD, William A	Franklin
BENDER JR, MD, Frank C	Delaware
BENDERSKY, MD, Gordon	Philadelphia
BENDITT, MD, Milton Barry	Philadelphia
BENDITT, MD, Philip L	Philadelphia
BENDLIN, MD, Arnaldo	Philadelphia
BENE, MD, Catherine H	York
BENECK, MD, Stephen M	Philadelphia
BENEDICT, MD, Alan L	Allegheny
BENEDICT, CATHERINE R	Student
BENEDICT, MD, John H	Dauphin
BENEDICT, MD, Linda M	Allegheny
BENENSON, MD, Ronald S	York
BENESKI, MD, Daniel A	Delaware
BENGTSON, MD, Carolyn R	Potter
BENINATI, MD, Daniel D	Chester
BENITEZ, MD, Francisco W	Blair
BENJAMIN, MD, Bonna G	Allegheny
BENJAMIN, MD, David R	Erie
BENJAMIN, MD, Kenneth W	Philadelphia
BENKINNEY, MD, James A	Luzerne
BENKO, MD, Stephen T	Cambria
BENKOVIC, MD, Gregory W	Montour
BENNER, MD, John N	Wyoming
BENNER, MD, Priscilla J	Montgomery
BENNER IV, MD, John H	Chester
BENNETT, MD, Edward V	Bradford
BENNETT, MD, Hugh D	Philadelphia
BENNETT, MD, Joel A	Philadelphia
BENNETT, MD, John A	Montgomery
BENNETT, MD, John T	Montgomery
BENNETT, MD, Leo L	Erie
BENNETT, MARK A	Student
BENNETT, MD, Matthew J	Allegheny
BENNETT, NATHAN L	Student
BENNETT, MD, Paula R	Wayne/Pike
BENNETT, MD, Raymond L	Susquehanna
BENNETT, MD, Richard H	Philadelphia
BENNETT IV, MD, Joseph S	Chester
BENNIGHOF, MD, David C	Beaver
BENOIT, MD, Charles H	Montour
BENOIT, DO, Richard A	Luzerne
BENOVITZ, MD, Burton S	Luzerne
BENSHOFF, MD, Albert M	Cambria
BENSHOFF, MD, Arthur M	Cambria
BENSHOFF, MD, Ericha R	Berks
BENSIMHON, MD, Georges J	Northampton
BENSON, MD, David R	Centre
BENSON, MD, John R	Philadelphia
BENSON, MD, William E	Philadelphia
BENSY, MD, Joseph J	Allegheny
BENSY, MD, Oliver R	Allegheny
BENTIVOGLIO, MD, Lamberto G	Philadelphia
BENTLEY, MD, Eugene A	Chester
BENTON, MD, Owen D	Washington
BENTZ, BRANDON G	Student
BENTZ, MD, Charles R	Mckean
BENTZ, MD, Michael L	Allegheny
BENTZ, MD, Michael S	Dauphin
BENTZ, MD, Ralph A	Dauphin
BENZ, MD, Edward J	Northampton
BENZ, MD, Robert L	Montgomery
BENZ, MD, Thomas B	Allegheny
BENZ JR, MD, George H	Allegheny
BENZEL, MD, Stanley	Lehigh
BEPLER, MD, Charles R	Delaware
BERARDI, MD, Ronald S	Westmoreland
BERBERICH, MD, Joel J	Montour
BERBERICH, MD, Walter F	Westmoreland
BERCELI, SCOTT A	Student
BERENBAUM, MD, Paul L	Philadelphia
BERES, MD, Joseph C	Philadelphia
BERESKY, MD, Barnabas S	Erie
BERESNY, MD, Gerald M	Centre
BEREZ, MD, Franne R	Westmoreland
BERG, MD, Alan P	Philadelphia
BERG, MD, Christopher J	Dauphin
BERG, MD, George	Allegheny
BERG, MD, James H	Allegheny
BERG, MD, Morton D	Philadelphia
BERG, MD, Philip	Philadelphia
BERG, MD, Saul R	Allegheny
BERGELSON, MD, Victor D	Montgomery
BERGEN, MD, William S	Philadelphia
BERGER, MD, Alan	Lehigh
BERGER, MD, Alan S	Philadelphia
BERGER, MD, Bruce C	Philadelphia
BERGER, MD, Gary W	Lycoming
BERGER, MD, Harvey J	Chester
BERGER, MD, Karl	Cambria
BERGER, MD, Malcolm P	Allegheny
BERGER, MD, Marc S	Monroe
BERGER, MD, Mark D	Philadelphia
BERGER, RANDY	Student
BERGER, MD, Richard A	Allegheny
BERGER, MD, Simon M	Philadelphia
BERGER, MD, Stanley R	Philadelphia
BERGER, MD, Winfried M	Huntingdon
BERGHAUS, MD, Lydia F	Cumberland
BERGHER, MD, Moises	Philadelphia
BERGMAN, MD, Elisabeth C	Allegheny
BERGMAN, MD, Martin J	Delaware
BERGMAN, SIMON	Student
BERGNES, MD, Manuel A	Montgomery
BERGQUIST, MD, Erick J	Westmoreland
BERGQVIST, CHRISTINA A G	Student
BERING, MD, Joseph P	Lebanon
BERING, MD, Thomas G	York
BERK, MD, David A	Allegheny
BERK, MD, H Ronald	Allegheny
BERK, MD, Henry M	Montgomery
BERK, MD, Myles M	Allegheny
BERK, MD, Nathaniel G	Philadelphia
BERK, MD, Theodore F	Cumberland
BERKEBILE, MD, Brenda L	Allegheny
BERKEBILE, MD, Paul E	Allegheny
BERKEY, MD, Richard L	Allegheny
BERKHEIMER, MD, George A	Dauphin
BERKHEISER, MD, Samuel W	Dauphin
BERKMAN, MD, Eugene F	Beaver
BERKMAN, MD, Ronald O	Allegheny
BERKOW, MD, Don A	Lancaster
BERKOW, MD, Robert	Montgomery
BERKOWITZ, MD, Alan R	Lancaster
BERKOWITZ, MD, Andrew M	Bucks
BERKOWITZ, MD, Henry D	Philadelphia
BERKOWITZ, MD, Morton I	Allegheny
BERKOWITZ, MD, Peter J	Allegheny
BERLEY, MD, Benjamin S	Luzerne
BERLIN, MD, Charles S	Allegheny
BERLIN, JONATHAN W	Student
BERMAN, MD, Arnold T	Philadelphia
BERMAN, MD, Eli	Monroe
BERMAN, MD, Howard J	Westmoreland
BERMAN, MD, Ira J	York
BERMAN, MD, Lawrence D	Philadelphia
BERMAN, MD, Michael A	Allegheny
BERNA, MD, Ronald A	Philadelphia
BERNABEI, MD, Joanne Y	Delaware
BERNARDINO, MD, Evelina A	Bucks
BERNARDINO JR, MD, Vitaliano B	Bucks
BERNATH JR, MD, Albert M	Montour
BERNBERG, MD, Lawrence	Chester
BERNE, MD, Cheryl A	Dauphin
BERNE, MD, Douglas J	Dauphin
BERNETT, MD, Gary B	Delaware
BERNETT, MD, Timothy M	Bradford

BERNHARD, MD, Robert A	Lancaster
BERNIER, MD, George M	Allegheny
BERNS, MD, Jeffrey S	Philadelphia
BERNS, MD, Leon L	Philadelphia
BERNSTEIN, MD, A Alexander	Lackawanna
BERNSTEIN, MD, Brad	Philadelphia
BERNSTEIN, MD, Edward D	Allegheny
BERNSTEIN, MD, Guy T	Montgomery
BERNSTEIN, DO, Henry H	Bucks
BERNSTEIN, MD, Larry	Philadelphia
BERNSTEIN, MD, Robert	Union
BERNSTEIN, MD, Robert W	Allegheny
BERNSTINE, MD, Earl L	York
BERNSTINE, MD, J Bernard	Philadelphia
BERONILLA JR, MD, Hilarion A	Fayette
BERRY, MD, George J	Allegheny
BERSCHLING, MD, Chester M	Allegheny
BERTA, MD, Julius W	Warren
BERTOLETTE, MD, Richard D	Berks
BERTOLI, MD, Robert J	Philadelphia
BERTOZZI, STEFANO M	Student
BERTRAM, MD, Horst N	Lebanon
BERTSCH, MD, Albert M	Susquehanna
BERTSCH, MD, David J	Cumberland
BERWICK, MD, Evelyn S	Allegheny
BESARAB, MD, Anatole	Philadelphia
BESSELMAN, MD, David M	Dauphin
BEST, MD, John W	York
BESWICK, MD, David R	Luzerne
BETANCOURT, MD, Sergio E	Allegheny
BETESH, MD, Joel S	Delaware
BETTINGER, MD, Robert	Allegheny
BETTS, DO, Brooks	Northampton
BETTS, MD, Charles R	Allegheny
BETTS, MD, Eugene K	Philadelphia
BETZ, MD, Louis H	Union
BETZ, MD, Randal R	Philadelphia
BEUTLER, MD, William J	Cumberland
BEVERLY, MD, Avery W	Philadelphia
BEVERLY JR, MD, Roland S	Philadelphia
BEVILACQUA, MD, Daniel F	Adams
BEVILACQUA, MD, John E	Philadelphia
BEVILACQUA, MD, Lorraine B	Allegheny
BEWIG, MD, Debra W	York
BEYER, MD, H Jeanne	Clearfield
BEYER III, MD, Frederick C	Lancaster
BEYER JR, MD, Francis D	Westmoreland
BEYER JR, MD, Karl H	Philadelphia
BHAGAT, MD, Pragna R	Monroe
BHAGAT, MD, Rajesh G	Monroe
BHAGWANANI, MD, Drupadi G	Allegheny
BHARGAVE, MD, Usha A	York
BHARK, MD, Philip	Delaware
BHARUCHA, MD, Shernavaz D	Dauphin
BHATIA, MD, Shyamsunder	Montour
BHATNAGAR, MD, Yudhishter M	Clarion
BHATT, MD, Drupad	Monroe
BHATT, MD, Naresh I	Washington
BHATT, MD, Praful U	Clinton
BHAYANI, MD, Shabir A	Mckean
BHE, MD, H Kwan	Carbon
BHUTTA, MD, Omar I	Allegheny
BHYUN, MD, Dae Soo	York
BIALAS, MD, Henry N	Berks
BIALAS, MD, Robert F	Delaware
BIANCA III, MD, Vincent C	Lackawanna
BIANCARELLI, MD, Edmund J	Lackawanna
BIANCARELLI, MD, Susan M	Lackawanna
BIANCHI, MD, Michael D	Delaware
BIANROSA, MD, John J	Philadelphia
BICHARA, MD, Wahib M	Delaware
BIDULA, MD, Leo P	Allegheny
BIDULA, MD, Maureen M	Allegheny
BIEBUYCK, MD, Julien F	Dauphin
BIELAWSKI, MD, Harriet A	Berks
BIELE, MD, Flora H	Philadelphia
BIEMULLER, MD, Martha L	Philadelphia
BIENIEK, MD, Russell B	Erie
BIERER, MD, Edward D	Armstrong
BIERI, MD, John W	Dauphin
BIESINGER, MD, George J	Blair
BIGGS, DO, Robert H	Northampton
BIGLAN, MD, Albert W	Allegheny
BIGLER, MD, Robert D	Philadelphia
BIGLEY, MD, Joseph R	Philadelphia
BIGOS, MD, Edward T	Berks
BIKLE, MD, Charles A	Franklin
BIKLE, MD, H Dwight	Adams
BIKOWSKI, MD, Joseph B	Allegheny
BILBAO, MD, Angel	Allegheny
BILDER, MD, Bruce M	Fayette
BILINSKI, CAROL A	Student
BILKER, MD, Iris J	Philadelphia
BILKO, MD, Thomas E	Luzerne
BILLAS, MD, Anthony	Montour
BILLIG, MD, Ruth A	Philadelphia
BILLMAN, MD, David K	Allegheny
BILLY, GREGORY G	Student
BILSKY, MD, Alan Charles	Philadelphia
BIMSON, MD, Steven S	Montgomery
BINAKONSKY, MD, Harry S	Allegheny
BINDER, MD, Michael A	Venango
BINDIE, MD, Richard P	Schuylkill
BINGHAM, MD, Rodney S	Blair
BINKLEY, SHELLEY S	Student
BINNICK, MD, Steven A	Montgomery
BINNS, MD, Veronica	Fayette
BINSTOCK, MD, Harold	Allegheny
BIRD, MD, Shawn J	Chester
BIRK, MD, Catherine M	Allegheny
BIRMINGHAM, K LESLEY	Student
BIRNBAUM, MD, Michael D	Philadelphia
BIRO JR, MD, Frank	Northampton
BIRRELL, MD, Donald G	Allegheny
BIRSIC, MD, William I	Allegheny
BISACCO, MD, Stephen J	Blair
BISHOP, MD, David W	Blair
BISHOP, MD, Gerald Jay	Allegheny
BISHOP, MD, Jerry W	Berks
BISHOP, MD, Poni S	Bradford
BISHOP, MD, Richard L	Bradford
BISHOP, MD, Robert P	Montgomery
BISHOP, MD, Sarah	Philadelphia
BISHOP, MD, Wayne E	Centre
BISHOW, MD, I Ralph	Philadelphia
BISIGNANI, MD, Gabriella M	Lackawanna
BISORDI, MD, Joseph E	Montour
BISSET JR, MD, James F	Northampton
BITETTO, MD, Nicola	Berks
BITMAN, MD, Harold L	Philadelphia
BITMAN, MD, Joseph	Philadelphia
BITNER, MD, Walter P	Dauphin
BITTENBENDER, MD, Joseph	Columbia
BITTERLY, MD, Thomas J	Montour
BITTINGER, MD, Ralph E	York
BITTNER JR, EDWIN W	Student
BIUCKIANS, MD, Edward	Bucks
BIUSO, MD, Thomas J	Lancaster
BIXLER, BRIAN L	Student
BIZOUSKY, MD, Franklin S	Jefferson
BIZUP, MD, Thomas	Schuylkill
BIZZLE, DO, Paul G	Columbia
BJORKLUND, MD, Mark D	Cumberland
BLACK, MD, Judith E	Allegheny
BLACK, MD, Kertia L	Philadelphia
BLACK, MD, Martin	Philadelphia
BLACK, MD, Milton H	Allegheny
BLACK, MD, Perry	Philadelphia
BLACK, DO, Samuel J	Butler
BLACK JR, MD, Harry A	Allegheny
BLACK JR, MD, William A	Lackawanna
BLACKBURN, DO, James H	Montour
BLACKBURN, MD, Lawrence F	Westmoreland
BLACKBURN, MD, Michael G	Chester
BLACKBURN JR, MD, Laurence H	Bucks
BLACKLOW, MD, Robert S	Philadelphia
BLACKMAN, MD, Jeffrey D	Philadelphia
BLACKSMITH, DO, James E	Dauphin
BLACKSMITH, DO, William A	Dauphin
BLACKSMITH JR, MD, Gary L	Cumberland
BLAICHER, ELAINE H	Student
BLAIR, MD, Albert J	Allegheny
BLAIR, CHRISTINA R	Student
BLAIR, MD, Frank W	Philadelphia
BLAISDELL, MD, C Theodore	Lehigh
BLAISDELL, MD, Theodore A	Lancaster
BLAISURE, MD, Beverly C	Clearfield
BLAKE, MD, Douglas R	Lehigh
BLAKE, MD, Hu A	Philadelphia
BLAKE, MD, Karl E	Allegheny
BLAKE, MD, Paul O	Delaware
BLAKESLEE, DO, Colson E	Jefferson
BLAKLEY, MD, John B	Allegheny
BLANCH, MD, Joseph J	Philadelphia
BLANCHARD, MD, C Chase	Philadelphia
BLANCHARD, MD, Michael D	Dauphin
BLANCHARD, PAUL	Student
BLAND, MD, C Brinley	Philadelphia
BLANK, MD, Ira B	Montgomery
BLANK, MD, Samuel	Philadelphia
BLANKENSHIP, MD, James C	Montour
BLANNETT, MD, John D	Delaware
BLANZACO, MD, Andre C	Philadelphia
BLASIOL, DO, Joseph J	Lehigh
BLASIOLE, MD, Ralph S	Washington
BLASKO, MD, Edward C	Lackawanna
BLASS, MD, David C	Fayette
BLATCHLEY, MD, Donald M	Westmoreland
BLATT, MD, Bruce I	Montgomery
BLATT, MD, Mark A	Philadelphia
BLAUM JR, MD, Louis C	Bradford
BLAUM SR, MD, Louis C	Luzerne
BLAUSER, MD, Robert B	Berks
BLAUSTEIN, MD, David M	Philadelphia
BLAZER, MD, David J	Lebanon
BLECHER, MD, Mark H	Philadelphia
BLECKER, MD, David	York
BLEEDEN, MD, Edward M	Delaware
BLEICHNER, MD, John C	Lycoming
BLEIMAN, MICHAEL I	Student
BLENDER, DO, Burton	Philadelphia
BLENKO, MD, John W	Montour
BLEWETT, MD, Charles H	Potter
BLEWITT, MD, George A	Philadelphia
BLEZNAK, MD, Aaron D	Venango
BLICHT, MARLA P	Student
BLIDNER, MD, Martin D	Luzerne
BLINDER, MD, Jeffrey S	Lehigh
BLINKOFF, MD, Barry A	Philadelphia
BLINN, MD, David L	Allegheny
BLINN, MD, Randall D	Philadelphia
BLIZZARD, MD, John J	Delaware
BLOCH, MD, Robert S	Northampton
BLOCK, MD, Bradley M	Luzerne
BLOCK, MD, Daniel B	Philadelphia
BLOCK, MD, Geoffrey D	Allegheny
BLOCK, MD, Gilbert A	Philadelphia
BLOCK, MD, Robert A	Philadelphia
BLOCK, MD, Robert C	Cambria
BLOCK, MD, Ronald M	Delaware
BLOCK, MD, Steven	Bucks
BLOCKSTEIN, MD, Robert S	Allegheny
BLODGETT JR, MD, Randolph C	Montour
BLOES, MD, Walter S	Lackawanna
BLOISO, MD, Glenn T	Lycoming
BLOM, MD, Bohen M F	Lycoming
BLOM, MD, Johannes	Lycoming
BLOMAIN, MD, E William	Lackawanna
BLOMAIN, MD, Eric W	Lackawanna
BLOOD JR, MD, Joseph B	Bradford
BLOOD JR, MD, Raymond G	Philadelphia
BLOOM, MD, Benjamin H	Philadelphia
BLOOM, MD, Frederick J	Luzerne
BLOOM, GRETCHEN C	Student
BLOOM, MD, Joseph	Philadelphia
BLOOM, MD, Lawrence H	Philadelphia
BLOOMER, MD, William D	Allegheny
BLOOMGARDEN, MD, Raphael T	Philadelphia
BLORE JR, MD, James P	Bucks
BLOSCHICHAK, MD, Andrew	Schuylkill
BLOSE, MD, Linda K	Northampton
BLOTZER, MD, John W	York
BLOUGH, MD, Leland S	Allegheny
BLUE, TODD M	Student
BLUEMLE JR, MD, Lewis W	Philadelphia
BLUESTEIN, MD, David D	Allegheny
BLUESTEIN, MD, Hazel M	Montgomery
BLUESTONE, MD, Charles D	Allegheny
BLUM, MD, Larry W	Philadelphia
BLUM, MD, Richard H	Luzerne
BLUMBERG, MD, Alexander W	Lycoming
BLUMBERG, MD, Andrea K	Philadelphia
BLUMBERG, MD, Baruch S	Philadelphia
BLUMBERG, MD, Myron L	Philadelphia
BLUME, MD, Robert P	Allegheny
BLUMENFELD, MD, Barry H	Allegheny
BLUMENSCHEIN, MD, Gertrude	Fayette
BLUMENTHAL, MD, Andrew R	Montgomery
BLUMENTHAL, MD, Jeffrey R	Bucks
BLUMENTHAL, MD, Sherry Luber	Philadelphia
BLUMSTEIN, MD, Charles G	Montgomery
BLUTSTEIN, MD, Richard N	Dauphin
BLYTHE, MD, Peggy J	Washington
BOAL, MD, Danielle K	Dauphin
BOAL, MD, Erwin S	Beaver
BOAL, MD, Richard J	Dauphin
BOAL JR, MD, John H	Beaver
BOARDMAN III, N DOUGLAS	Student
BOBAK, MD, Wladyslaw	Fayette
BOBBY, DO, John L	Allegheny
BOBECK, MD, Henry S	Luzerne
BOBECK, MD, Joseph J	Luzerne
BOBEK, MD, Francis B	Columbia
BOBEN, MD, William R	Luzerne
BOBICK, MD, Frank	Carbon
BOBIN, MD, John J	York
BOBRIN, DO, Marshall C	Philadelphia
BOBROW, MD, Joseph S	Susquehanna
BOCCAGNO, MD, Phillip A	Lackawanna
BOCCIO, MD, Remigio V	Philadelphia
BOCHER, MD, Jack	Chester
BODE JR, MD, Frederick W	Allegheny
BODEK, MD, Alvin M	Allegheny
BODISH, MD, Eric J	Lehigh
BODMER, MD, Meral O	Northmbrland
BODNER, MD, Gail F	Lancaster
BOEHME, MD, Kevin G	Allegheny
BOEHMLER, MD, William J	Berks
BOEHNKE, MD, Manfred	Allegheny
BOERIO, DO, Margaret R	Dauphin
BOGART, MD, Walter B	Philadelphia
BOGDANOFF, MD, Bruce M	Delaware
BOGDEWIC, MD, Thomas A	Allegheny
BOGER, MD, William P	Philadelphia
BOGERT, DO, Arthur Edwin	Philadelphia
BOGNER, MD, Edward W	Northmbrland
BOGUCKI, MD, Edwin I	Delaware
BOHARAS, MD, Saul	Allegheny
BOHINSKI, DO, Stanley T	Luzerne
BOHLENDER, MD, George P	Erie
BOHM-VELEZ, MD, Marcela	Allegheny
BOHN, MD, Mark W	Luzerne
BOHNENBLUST, MD, Walter R	Schuylkill
BOHNENBLUST JR, MD, Walter R	Berks
BOHRI, MD, James D	Carbon
BOICE, MD, G Newton	Allegheny
BOK, MD, John B	Chester
BOLAND, MD, Stanley W	Lackawanna
BOLAND JR, MD, Francis B	Bucks
BOLANOVICH, MD, Lester J	Allegheny
BOLANOWSKI, MD, Deborah J	Bucks
BOLDEN, MD, Mary C	Allegheny
BOLDEN, MD, Patrick T	Perry
BOLDEN, MD, Richard O	Westmoreland
BOLES, MD, Mark G	Allegheny
BOLINGER, BEVERLY L	Student
BOLINGER, MD, Mark S	Huntingdon
BOLLARD, EDWARD R	Student
BOLLINGER, MD, James R	Chester
BOLMANN, MD, Andrew R	Montgomery
BOLMARCICH, MD, Virginia D	Delaware
BOLNO, DO, Charles M	Philadelphia
BOLOTIN, MD, Joseph H	Mercer
BOLUS, MD, Charles M	Lackawanna
BOMALASKI, MD, John Stephen	Philadelphia
BOMBARD JR, ROBERT A	Student
BONACORSI, MD, Thomas F	Allegheny
BONAKDAR-POUR, MD, Akbar	Philadelphia
BONANNI, MD, Loretta D	Chester
BONANNI JR, FERNANDO B	Student
BONANNO, MD, Donn E	Philadelphia
BONAVENTURA, MD, Marguerite	Allegheny
BONCHEK, MD, Lawrence I	Lancaster
BONDI, MD, Edward Edge	Philadelphia
BONDI, MD, Frank R	Allegheny
BONDI, MD, Richard P	Allegheny
BONDY, MD, Thomas J	Cambria
BONEKEMPER, MD, Thomas W	Lehigh
BONESSI, MD, James V	Allegheny
BONESSI, EXEC SEC, Coby	Washington
BONGIOVANNI, DO, Andrew G	Chester
BONI JR, MD, Dino R	Washington
BONIFACE, MD, Dolores J	Allegheny
BONITA, MD, Louis B	Luzerne
BONITA, MD, Raphael	Luzerne
BONNEAU, ANNE L	Student
BONNER, MD, Dennis J	Bucks
BONNER, MD, James F	Delaware
BONNER, MD, James J	Berks
BONNER, MD, Mary J	Berks
BONNER, MD, Robert A	Lycoming
BONNER, MD, William F	Bucks
BONNER JR, MD, Francis J	Montgomery
BONO, MD, John	Armstrong
BONONI, MD, Patricia L	Allegheny
BONONI, MD, Paula A	Montgomery
BONOS III, MD, Charles T	Lehigh
BONTEMPO, MD, Franklin A	Beaver
BONUCCI, MD, Bruno L	Fayette
BOO, MD, Ki T	Lehigh
BOOGAARD, MD, Ronald G	Lebanon
BOOHER, MD, Erin L	Allegheny
BOOK, MD, Morris M	Beaver
BOOKERT, MD, Charles C	Allegheny
BOOKHAMMER, MD, Robert S	Philadelphia
BOOKWALTER, MD, John W	Allegheny
BOONE, MD, Edgar A	Mercer
BOONE, MD, Joy L	Mercer
BOONIN, MD, Alan	Luzerne
BOONSWANG, MD, Pricha	Northampton
BOONVISUDHI, MD, Thumrong	Fayette
BOOR, MD, John W	Delaware
BOORSE, MD, Richard C	Lehigh
BOOTH, MD, George	Allegheny
BOOTH JR, MD, Robert E	Philadelphia
BOOVA, MD, Robert S	Delaware
BORAH, MD, Bishnu C	Bucks
BORAN, MD, Robert P	Schuylkill
BORAN, MD, Thomas V	Schuylkill
BORCZON, MD, Dennis P	Erie
BORDEN, MD, Anthony G	Philadelphia
BORDEN, DO, Stanley J	Montgomery
BORECKY, MD, David C	Cambria
BOREEN, MD, Stuart M	Northampton
BORENSTEIN, MD, Jules	Philadelphia
BORETSKY, MD, Harry	Allegheny
BORETSKY, MD, Robert H	Allegheny
BORG-GLICKMAN, MD, Amy D	Philadelphia
BORGER, MD, Lee J	Warren
BORGIA, MD, Frank A	Allegheny
BORGMAN, MD, Jody B	Philadelphia
BORJA, MD, Rogelio I	Butler
BORKOVIC, MD, Embrie J	Beaver
BORKOW, MD, Joel E	Cambria
BORKOWSKI, MD, Raymond G	Montgomery
BORKOWSKI, MD, Teresa Ann	Philadelphia
BORKOWSKI, MD, Winslow J	Philadelphia
BORLANDOE, MD, Beverly C	Philadelphia
BORMEL, MD, Joseph I	York
BORN, MD, Christopher T	Philadelphia
BORN, MD, Michael W	York
BORNS, MD, Patricia F	Philadelphia
BORNT, MD, Marsha D	York
BOROFSKI, MD, Ann M	Philadelphia
BORON, MD, Robert J	Clearfield
BORON, MD, Ronald L	Allegheny
BORON, MD, Stella M	Indiana
BOROUMAND, MD, Masood	Cambria
BOROW, MD, Lawrence S	Philadelphia
BOROW, MD, Sydney	Philadelphia
BOROWSKI, MD, Gregory D	Lackawanna
BOROWSKY, MD, Larry M	Philadelphia
BOROWSKY, MARK E	Student
BORRA, MD, Bolliaih	Luzerne
BORREGO III, MD, Robert A	Lebanon
BORRISON, MD, Joseph A	Allegheny
BORTIN, MD, Leonard	Philadelphia
BORTNER, MD, Donald L	York
BORTZ, DO, Dale R	Lehigh
BORTZ, MD, Donald W	Westmoreland
BORUS, MD, Harry E	Allegheny
BORYS, DAVID J	Student
BOSACCO, MD, Stephen J	Philadelphia
BOSAK, MICHAEL D	Student
BOSCHA, MD, Kenneth W	Westmoreland
BOSCHETTI, DO, John	Delaware
BOSCHI, MD, Alessandro S	Carbon
BOSCIA, MD, Jerome A	Philadelphia
BOSELLI, MD, Bruce D	Bradford
BOSSART, MD, Barbara A	Erie
BOSSE, MD, Milton D	Allegheny
BOST, MD, Richard M	Erie

BOST, MD, Ronald E	Luzerne
BOTEK, ALISON A	Student
BOTKIN, MD, Lester H	Allegheny
BOUCHER, MD, William F	Lehigh
BOUR, MD, Eric S	Dauphin
BOURDAKOS, MD, Demetrios	Blair
BOVE, MD, Frank A	Philadelphia
BOVE, MD, Richard L	Philadelphia
BOWEN, MD, A'delbert	Allegheny
BOWEN, MD, Anne C	Chester
BOWEN, MD, Dale T	Lehigh
BOWEN, MD, Robert E	Bradford
BOWEN JR, MD, Frank W	Philadelphia
BOWEN JR, MD, Thales	Montgomery
BOWER, MD, Harry B	Dauphin
BOWER, MD, James H	Dauphin
BOWER, MD, James N	Lawrence
BOWER, MD, John R	Berks
BOWER, MD, Robert	Philadelphia
BOWER SR, MD, John R	Berks
BOWERS, MD, Barbara A	York
BOWERS, MD, Cynthia M	Philadelphia
BOWERS, MD, David N	Berks
BOWERS, MD, David W	Lancaster
BOWERS, MD, Leroy W	Blair
BOWERS, MD, Paul A	Philadelphia
BOWES, MD, Donald E	Montour
BOWIE, MD, Morris A	Montgomery
BOWMAN, MD, Carol L	Philadelphia
BOWMAN, MD, David H	Blair
BOWMAN, MD, Herbert S	Dauphin
BOWMAN, MD, James E	Philadelphia
BOWMAN, MD, John H	Lancaster
BOWMAN, MD, Michael W	Allegheny
BOWMAN, MD, Richard L	Montgomery
BOWMAN, MD, Robert G	Allegheny
BOWMAN, MD, Sallyann	Philadelphia
BOWMAN JR, MD, Douglas F	Mckean
BOWMAN JR, MD, Thomas E	Dauphin
BOXER, MD, Arthur D	Montgomery
BOXER, LOUIS M	Student
BOYADJIS, MD, Terrence A	Delaware
BOYD, MD, Kenneth J	Delaware
BOYD, MD, Robert L	Delaware
BOYD, MD, William J	Dauphin
BOYD-KRANIS, ROBIN L	Student
BOYEK, MD, Michael F	Bradford
BOYER, MD, George S	Lehigh
BOYER, MD, Randal A	Philadelphia
BOYER, MD, Walter E	Venango
BOYKIW, MD, Mark E	Indiana
BOYKIW, MD, Russel A	Clearfield
BOYLAN, MD, James J	Northampton
BOYLAN JR, MD, Raymond J	Allegheny
BOYLE, MD, Bruce C	Westmoreland
BOYLE, MD, Denis A	Delaware
BOYLE, MD, Eileen M	Allegheny
BOYLE, MD, Grace K	Luzerne
BOYLE, MD, Hugh G	Luzerne
BOYLE, MD, James W	Allegheny
BOYLE, MD, L Eamonn	York
BOYLE, MD, Ronald N	Mercer
BOYLE, MD, William H	Luzerne
BOYLE JR, MD, Denis A	Delaware
BOYLER, MD, Lawrence J	Franklin
BOYLES, MD, Cory D	Montour
BOYSEN, MD, Homer	Schuylkill
BOZIC, MD, Albert F	Lycoming
BRAAT, MD, Kevin	Philadelphia
BRABAZON, DO, John F	Lancaster
BRABENDER, REBECCA R	Student
BRABSON, MD, Howard W	Beaver
BRACCIA, DO, Domenick	Delaware
BRACE, MD, Frederick H	Philadelphia
BRACKEN, MD, Anthony Wall	Philadelphia
BRACKIN, MD, George G	Bucks
BRACKIN, MD, Phillip S	Montgomery
BRACKIN JR, MD, John T	Montgomery
BRACKUP, MD, Alan B	Montgomery
BRADBURD, DO, Trina L	Delaware
BRADDOM, MD, Randall	Philadelphia
BRADEN, MD, Geoffrey L	Philadelphia
BRADEN JR, MD, Frank R	Allegheny
BRADER, MD, Eric W	Allegheny
BRADFORD, MD, Bradley J	Allegheny
BRADFORD, MD, John D	Chester
BRADFORD, MD, Paul L	Montgomery
BRADLEY, MD, Betty H	Allegheny
BRADLEY, MD, Earl B	Philadelphia
BRADLEY, MD, James P	Allegheny
BRADLEY, KATHLEEN A	Student
BRADLEY, MD, Lisa B	Allegheny
BRADLEY, MD, Robert M	Allegheny
BRADLEY, MD, Samuel M	Cambria
BRADLEY, MD, Vernon F	Blair
BRADLEY, MD, William L	Westmoreland
BRADLEY JR, MD, Robert H	Philadelphia
BRADLEY JR, MD, William P	Allegheny
BRADSTREET, MD, Richard P	Dauphin
BRADY, MD, Douglas F	Westmoreland
BRADY, MD, James P	Montgomery
BRADY, MD, John C	Luzerne
BRADY, JOSEPH J	Student
BRADY, MD, Luther W	Philadelphia
BRAFFMAN, MD, Michael N	Philadelphia
BRAGDON, MD, Robert W	Allegheny
BRAGER, ROBERT J	Student
BRAHMAKULAM, MD, Paul M	Mifflin/Juni
BRAHOS, MD, Anthony G	Clearfield
BRAITMAN, MD, Robert A	Philadelphia
BRALLIER, MD, Hugh W	Westmoreland
BRALOW, MD, S Philip	Philadelphia
BRAMOWITZ, MD, Alan D	Allegheny
BRAMSON, MD, Stewart M	Luzerne
BRANAS, DO, John A	Lancaster
BRANDFASS, MD, W Taylor	Delaware
BRANDMAN, MD, Ita S	Philadelphia
BRANDON, MD, John M	Washington
BRANDSTETTER, MD, Louis H	Allegheny
BRANDT, MD, John P	Clinton
BRANDT, MD, Robert I	Beaver
BRANDY, MD, Dominic A	Allegheny
BRANICK, JOANNA R	Student
BRANIN, DO, Bruce K	Lackawanna
BRANNIGAN, MARGARET M	Student
BRANSCUM, MD, George P	Cumberland
BRANT, MD, Carl E	Westmoreland
BRANTNER, MD, Jim N	Mercer
BRASHER, MD, Bruce M	Northampton
BRASILE, DO, Domenick J	Erie
BRASLOW, MD, Norman H	Delaware
BRAUN, MD, Jean B	Fayette
BRAUN, MD, Thomas M	Washington
BRAUN III, MD, William P	Northampton
BRAUNEGG JR, MD, Paul W	Lycoming
BRAUNFELD, DO, Robert	Delaware
BRAUTIGAM, ROBERT T	Student
BRAV, MD, Solomon S	Philadelphia
BRAVEMAN, MD, Bernard L	Allegheny
BRAY, MD, Caryn L	Erie
BRAY, MD, Joseph B	Chester
BRAY, MD, Joshua C	Montgomery
BRAY, MD, Susan H	Philadelphia
BRAZEL, MD, Joseph F	Cumberland
BRAZEROL, MD, William F	Philadelphia
BRAZIS, MD, Robert C	Chester
BREARLY, MD, Wayne R	Chester
BRECHER, MD, Eugene	Philadelphia
BRECHER, MD, Jeffrey A	Bucks
BRECKENRIDGE, MD, John W	Montgomery
BREE, DO, Stanton A	Lycoming
BREECKER, MD, Steven W	Philadelphia
BREHM, MD, Hans H	Monroe
BREIN, MD, Kenneth R	York
BREINING, DWAYNE A	Student
BREIT, MD, Robert N	Allegheny
BREITE, MD, Herbert J	Bradford
BREITFELD, MD, Volker	Allegheny
BREMER, MD, Harry J	Cambria
BREN, DO, Deborah A	Lehigh
BRENEMAN, MD, John W	Franklin
BRENES, MD, Gilbert	Allegheny
BRENKER, MD, Howard J	Dauphin
BRENMAN, MD, Arnold K	Philadelphia
BRENMAN, MD, Scott A	Philadelphia
BRENNAN, DO, Edward C	Dauphin
BRENNAN, MD, James T	Philadelphia
BRENNAN, MD, John P	Luzerne
BRENNAN, MD, Joseph E	Philadelphia
BRENNAN, MD, Richard E	Beaver
BRENNAN, MD, Robert W	Dauphin
BRENNAN, MD, Ronald P	Mercer
BRENNEMAN, MD, Richard E	Northampton
BRENNEN, MD, Robert F	Lehigh
BRENNER, MD, Barry S	Philadelphia
BRENNER, MD, Louis O	Dauphin
BRENNER, DO, Richard P	Philadelphia
BRENT, MD, Bradley H	Allegheny
BRENT, MD, Lawrence B	Allegheny
BRENT, MD, Nancy B	Allegheny
BRERETON, MD, Harmar D	Lackawanna
BRERETON, MD, William F	Erie
BRESLER, MD, R Ralph	Philadelphia
BRESLIN, MD, Janet M	Allegheny
BRESLIN, MD, Joseph A	Lancaster
BRESLOW, MD, Irwin H	Philadelphia
BRESNAHAN, KEVIN A	Student
BRESS, MD, Alan N	Allegheny
BRESS, MD, James C	Allegheny
BRESSI JR, MD, Thomas E	Montgomery
BRESSLER, MD, William L	Huntingdon
BREST, MD, Albert N	Philadelphia
BREST, MD, Norman A	Montgomery
BRESTICKER, MD, David H	Lycoming
BRETHAUER JR, MD, Edward A	Allegheny
BRETT III, MD, George W	Beaver
BRETTZKE, MD, Cecil B	Luzerne
BRETZ, MD, Karen A	Lehigh
BREUNINGER, DO, Holly G	Philadelphia
BREVETTA, MD, Richard J	Mercer
BREWER, MD, Richard J	Luzerne
BREZIN, MD, Joseph H	Philadelphia
BRIAN, CHRISTOPHER M	Student
BRIAN, JAMES M	Student
BRICKER, MD, Samuel Q	Franklin
BRICKHOUSE, MD, Herman M	Lycoming
BRICKLEY, MD, Kenneth S	Clinton
BRICKLEY, MD, Richard S	Westmoreland
BRICKNELL, MD, Paul P	Dauphin
BRIDE, DO, Thomas P	York
BRIDENBAUGH, MD, Robert P	Blair
BRIDGENS, DO, Nancy K	Chester
BRIER, MD, Peter M	Dauphin
BRIGHAM, MD, Robert A	Berks
BRIGHTON, MD, Carl T	Philadelphia
BRIGNOLA, MD, Michael P	Philadelphia
BRILL, MD, David R	Montour
BRILL, MD, Francis W	Lackawanna
BRILL, MD, Joseph M	Delaware
BRILL, MD, Lessa A	Union
BRILLMAN, MD, David A	Allegheny
BRILLMAN, MD, Jon	Allegheny
BRINDISI, MD, Gaetano	Philadelphia
BRINGHURST, MD, Louis S	Chester
BRINK, WILLIAM C	Student
BRINKMEYER, DO, Scott D	Allegheny
BRINZ, MD, Laura A	Jefferson
BRISINI, MD, Patrick D	Cambria
BRISKIN, MD, Jonathan A	Delaware
BRITCHKOW, DAVID S	Student
BRITTON, MD, L Lynne	Dauphin
BRIZUELA, MD, Hernan R	Philadelphia
BROAD, MD, Louis T	Philadelphia
BROBYN, MD, Thomas J	Philadelphia
BROCK, MD, Charlene M	Philadelphia
BROCK, MD, Richard R	Dauphin
BROCKMAN, MD, Ronald J	Montgomery
BROCKMAN, MD, Stanley K	Philadelphia
BROCKMEYER, MD, Thomas F	Allegheny
BROCKMOLE, MD, Dean M	Dauphin
BROCKMYER, MD, M Lawrence	Erie
BROD, MD, Robert C	Delaware
BRODIE, MD, Donald E	Bucks
BRODIS, MD, Walter E	Mckean
BRODMERKEL JR, MD, George J	Allegheny
BRODOVSKY, MD, Harvey S	Philadelphia
BRODSKY, MD, Isadore	Philadelphia
BRODSKY, MD, Steven G	Beaver
BRODY, MD, Jerome I	Philadelphia
BRODY, MARION B	Student
BRODY, MD, Morris W	Philadelphia
BROENNLE, MD, A Michael	Philadelphia
BROGAN, MD, Edmund J	Philadelphia
BROGAN, MD, Louis E	Philadelphia
BROHM, MD, Charles G	Jefferson
BROMBERG, MD, Jonathan	Philadelphia
BROMMER, MD, Oliver R	Philadelphia
BRON, MD, Klaus M	Allegheny
BRONFMAN, MD, Howard J	Dauphin
BRONITSKY, MD, Barbara G	York
BRONITSKY, MD, Carl N	Dauphin
BRONSTEIN, MD, Howard D	Philadelphia
BRONSTEIN, MD, Robert M	Philadelphia
BRONSTEIN, MD, Seymour B	Luzerne
BROOKER, MD, David Robert	Philadelphia
BROOKOFF, MD, Daniel	Philadelphia
BROOKS, BRIAN P	Student
BROOKS, MD, Daniel H	Allegheny
BROOKS, MD, Dennis L	Philadelphia
BROOKS, MD, Frank P	Philadelphia
BROOKS, MD, Gerald M	Crawford
BROOKS, MD, Harry R	Dauphin
BROOKS, MD, James L	Greene
BROOKS, MD, Jane F	Wayne/Pike
BROOKS, DO, John M	Clarion
BROOKS, MICHAEL J	Student
BROOKS, MD, Robert	Philadelphia
BROOKS, MD, Ronald J	Montgomery
BROOKS, DO, Thomas A	Delaware
BROOKS, DO, Timothy S	Clarion
BROOKS III, MD, James L	Allegheny
BROOKS JR, MD, Clint E	Delaware
BROPHY, MD, Dow E	Cumberland
BROSBE, MD, Donna L	Lancaster
BROSCIUS, MD, Benjamin M	Northmbrland
BROSELOW, MD, David D	Philadelphia
BROSNAN, MD, William J	Philadelphia
BROSS, MD, James E	Montour
BROSS, RONALD J	Student
BROSS JR, DO, George P	Montgomery
BROSTOFF, MD, Leon M	Allegheny
BROSTOFF, MD, Philip	Allegheny
BROTHERSON, MD, Gary T	Erie
BROUDO, MD, Samuel F	Philadelphia
BROUDY, MD, Arnold S	Allegheny
BROUGHER, MD, David E	Allegheny
BROUSSARD, MD, Elsie R	Allegheny
BROUSSEAU, DAVID A	Student
BROWN, MD, A Craig	Erie
BROWN, MD, Andrew J	Allegheny
BROWN, DO, Avrom S	Philadelphia
BROWN, MD, Charles R	Allegheny
BROWN, CHRISTINE M	Student
BROWN, MD, Christopher L	Lehigh
BROWN, MD, Clark E	Philadelphia
BROWN, MD, Daniel J	Bradford
BROWN, MD, Dennis P	Washington
BROWN, MD, Donald C	Westmoreland
BROWN, MD, Doyle H	Bradford
BROWN, MD, Elizabeth B	Delaware
BROWN, MD, Frederick G	Montour
BROWN, MD, Fredric S	Luzerne
BROWN, MD, Gary C	Philadelphia
BROWN, MD, George L	Montgomery
BROWN, MD, H Zane	Lancaster
BROWN, MD, Harold E	Montour
BROWN, MD, J Oliver	Philadelphia
BROWN, DO, Janet L	Chester
BROWN, JEFFREY L	Student
BROWN, MD, John H	Mercer
BROWN, MD, John L	Clinton
BROWN, MD, John M	Northampton
BROWN, MD, Joy M	Monroe
BROWN, MD, Kenneth R	Philadelphia
BROWN, M CHRISTINE	Student
BROWN, MD, Manson	Venango
BROWN, DO, Marion L	Delaware
BROWN, MD, Mark S	Potter
BROWN, MD, Matthew G	Mercer
BROWN, MD, Michael D	Union
BROWN, MD, Nancy A	York
BROWN, MD, Nathan	Chester
BROWN, MD, Ralph R	Indiana
BROWN, MD, Raymond D	Philadelphia
BROWN, MD, Richard J	Lancaster
BROWN, MD, Robert E	Lancaster
BROWN, MD, Robert L	Luzerne
BROWN, MD, Scott D	Somerset
BROWN, MD, Sylvan	Lackawanna
BROWN, MD, Victoria A	Lebanon
BROWN, MD, William E	Montgomery
BROWN, MD, William E	Mercer
BROWN III, MD, Dewitt C	Schuylkill
BROWN JR, MD, James T	Allegheny
BROWN JR, MD, Joseph S	Mifflin/Juni
BROWN JR, MD, Louis A	Philadelphia
BROWN JR, MD, M Evans	Montgomery
BROWN JR, MD, William C	Bucks
BROWN V, MD, Thomas W	Bucks
BROWN-BIEBER, MD, Dale E	Lebanon
BROWNGOEHL, MD, Laurie A	Chester
BROWNSTEIN, MD, Arthur H	Columbia
BROWNSTEIN, MD, Bruce K	Philadelphia
BROWNSTEIN, MD, Israel E	Philadelphia
BROWNSTEIN, MD, Phillip K	Philadelphia
BRUBAKER, MD, Jacob H	Lancaster
BRUBAKER, MD, Warren W	Dauphin
BRUCE, MD, William B	Union
BRUCKER, MD, Alexander J	Philadelphia
BRUCKER, MD, Paul C	Philadelphia
BRUNDAGE, DO, Randall G	Lackawanna
BRUNELLI, MD, William J	Mckean
BRUNGO, MD, James J	Allegheny
BRUNGO, MD, John A	Allegheny
BRUNGO, MD, John D	Allegheny
BRUNNER, MD, Richard A	Philadelphia
BRUNO, DO, Elena P	Philadelphia
BRUNO, MD, James R	Luzerne
BRUNO, MD, Jorge C	Allegheny
BRUNO, MD, Leonard A	Philadelphia
BRUNO, MD, Pat J	Northmbrland
BRUNO, MD, Stephen C	Allegheny
BRUNO JR, MD, Joseph N	Luzerne
BRUNO SR, MD, Joseph N	Luzerne
BRUNSKILL, MD, Dennis E	Allegheny
BRUNT JR, MD, Manly Y	Philadelphia
BRUTICO, MD, Anthony C	Lackawanna
BRUTICO JR, MD, Carmen A	Lackawanna
BRYAN, MD, Frank S	Cumberland
BRYAN JR, MD, John S	Bucks
BRYAN JR, MD, Ross E	Warren
BRYANSMITH, MD, Dale	Philadelphia
BRYANT, MD, David W	Cumberland
BRYANT JR, MD, Winston M	Philadelphia
BRYANT-STEPHENS, MD, Tyra C	Philadelphia
BRYFOGLE, MD, John W	Philadelphia
BRYLAWSKI, MD, Michael	Philadelphia
BRYS, MD, David A	Allegheny
BRYSON, MD, Richard L	Lancaster
BRZEZINSKI, MD, Sandra A	Cambria
BRZOZOWSKI, MD, Jan F	Erie
BRZOZOWSKI, MD, Lawrence A	Berks
BU, MD, Tae-Hyung	Erie
BUB, MD, Barry	Berks
BUB, MD, Ivan	Berks
BUBENHEIM, MD, Daniel M	Allegheny
BUCAN, MD, Michael	Luzerne
BUCAR, MD, John R	Allegheny
BUCCI, MD, Arthur J	Allegheny
BUCH, MD, Robert R	Lancaster
BUCH, MD, Sandhya Y	Berks
BUCHANAN, MD, James L	Allegheny
BUCHANAN IV, MD, Harry W	Lehigh
BUCHER, MD, Robert G	Bucks
BUCHER JR, MD, Robert W	Dauphin
BUCHHEIT, MD, William A	Philadelphia
BUCHMAN, MD, Robert R	Allegheny
BUCHSBAUM, MD, Roy	Allegheny
BUCK, MD, Ann L	Allegheny
BUCK, MD, David S	Allegheny
BUCK, MD, Donald E	Philadelphia
BUCK, MD, Keith K	Armstrong
BUCK, MD, Rudolph L	Allegheny
BUCK, MD, Ruth E	Montgomery
BUCKEY, MD, Joseph T	Luzerne
BUCKINGHAM, MD, Robert B	Allegheny
BUCKINGHAM, MD, Robert C	Dauphin
BUCKLER, MD, Richard A	Bucks
BUCKLEW, MD, Lawrence A	Allegheny
BUCKLEY, MD, Marina	Wayne/Pike
BUCKLEY, MD, Richard E	Wayne/Pike
BUCKLEY, MD, Roland M	Philadelphia
BUCKMAN, MD, Peter D	Philadelphia
BUCKMAN, MD, Samuel T	Luzerne
BUCKMEN, KIMBERLY R	Student
BUCKO JR, MD, Matthew I	Montgomery
BUCKTHAL, MD, Paul E	Bradford
BUCKWALTER, MD, Richard A	Montgomery
BUCKWALTER, MD, Victor L	Lancaster
BUCS, MD, Roger G	Dauphin
BUCZEWSKI, DO, Mark A	Berks
BUDD, MD, Robert M	Blair
BUDEIR, MD, Mohammed H	Montgomery
BUDIN, MD, Robert E	Luzerne
BUDURA, MD, Paul	Northampton
BUENDIA, MD, Antonio V B	Northmbrland

BUERGER JR, MD, George F	Allegheny
BUERKLIN, MD, Ellen M	Philadelphia
BUETOW, MD, Michael P	Dauphin
BUFFONE, MD, David A	Jefferson
BUGBEE, MD, Thomas H	Lancaster
BULATAO, MD, Agapito V	Berks
BULGER, MD, Donald W	Blair
BULGER, MD, Richard H	Blair
BULKLEY, MD, Andrew D	Bucks
BULLARD JR, MD, Ray E	Westmoreland
BULLINGTON, MD, Sunny J	Northmbrland
BULLOCK, MD, Brian W	Delaware
BULLRICH, FLORENCIA E	Student
BULLUCK, MD, David E	Philadelphia
BULOVA, MD, Stephen I	Philadelphia
BUMGARDNER, MD, James L	Bucks
BUNAO, MD, Romulo M	Bradford
BUNDY, MD, Thomas W	Franklin
BUNESE, MD, Horst J	Philadelphia
BUNIN, MD, Lisa S	Lehigh
BUNKER, MD, Mark L	Allegheny
BUNYA, MD, Vathana O	Philadelphia
BUNYA, MD, Vichai	Philadelphia
BUNYOR, MD, Agnes K	Huntingdon
BUONOCORE, MD, Bonnita K	Montgomery
BURAK, MD, William E	Luzerne
BURDEN, MD, Samuel S	Montgomery
BURDEN, MD, Theodore	Philadelphia
BURDICK, MD, Mitchell	Erie
BURDZIAK, DO, Dorothy A	Philadelphia
BURES, MD, J Conrad	Westmoreland
BURG, MD, Fredric D	Philadelphia
BURGBACHER, MD, James S	Cambria
BURGER, MD, Joseph G	Beaver
BURGER, MD, Regis F	Allegheny
BURGER, MD, Theodore P	Northampton
BURGESS, MD, Geoffrey M	Chester
BURGET JR, MD, Dean E	Chester
BURGIN, MD, Walter H	Dauphin
BURGOYNE, MD, Andrew S	Bucks
BURINSKY, DO, Ronald L	Berks
BURK, MD, Cheryl D	York
BURKE, MD, Briant	Allegheny
BURKE, MD, James M	Philadelphia
BURKE, MD, M Susan	Montgomery
BURKE, MD, Marshall L	Beaver
BURKE, MD, Robert E	Clearfield
BURKE III, MD, Charles J	Allegheny
BURKET, JEFFREY S	Student
BURKET, MD, Louis C	Blair
BURKET, MD, Ramon C	Blair
BURKETT, MD, Donald E	Cambria
BURKEY, MD, David J	Allegheny
BURKEY, MD, Fred J	Allegheny
BURKHOLDER, MD, John A	Allegheny
BURKLE, MD, Joseph S	York
BURKLEY JR, MD, Louis F	Northampton
BURKS, MD, John M	Lycoming
BURLAND, MD, J Alexis	Philadelphia
BURLINGAME, MD, Mark W	Lancaster
BURMEISTER, MD, Charles W	Bucks
BURNETT, DO, Carl D	Montgomery
BURNS, BARBARA J	Student
BURNS, MD, Donald T	Berks
BURNS, MD, Frank D	Franklin
BURNS, MD, Ilene T	Allegheny
BURNS, MD, J Robert	Montour
BURNS, MD, Jesse E	Montgomery
BURNS, MD, Mary J	Westmoreland
BURNS, MD, William T	Dauphin
BURNS JR, MD, Charles N	Luzerne
BURNS SR, MD, Charles N	Luzerne
BURROS, MD, Harry M	Philadelphia
BURROWS, CHARLES B	Student
BURROWS, MD, Stanley B	Philadelphia
BURRY, MD, William C	Monroe
BURSALI, MD, Salahattin	Westmoreland
BURSICK, MD, Daniel M	Allegheny
BURSTEIN, MD, Frank	Philadelphia
BURSTEIN, MD, Stuart S	Allegheny
BURSTEIN, MD, William H	Philadelphia
BUSCEMI, MD, Melchiore L	Lehigh
BUSCH, MD, Michael F	Lehigh
BUSCHI, MARIE	Student
BUSECK, MD, Mark S	Erie
BUSH, MD, Bruce A	Indiana
BUSH, MD, Catherine	Philadelphia
BUSH, MD, David C	Montour
BUSH, MD, Herman	Beaver
BUSH, MD, Stephen T	Cambria
BUSH, MD, William M	Berks
BUSHKOFF, MD, Stanley H	Allegheny
BUSHWICK, MD, Bruce M	York
BUSILLO, MD, Nicholas A	Delaware
BUSIS, MD, Neil A	Allegheny
BUSIS, MD, Sidney N	Allegheny
BUSLER JR, MD, Verne M	York
BUTCHER, MD, Richard J	Montour
BUTERA, MD, Vincent	York
BUTERBAUGH, MD, Glenn A	Allegheny
BUTERBAUGH, MD, John C	Greene
BUTKIEWICZ, MD, Bernard L	Lycoming
BUTLER, MD, Anne K	Tioga
BUTLER, MD, Barbara J	Philadelphia
BUTLER, MD, Charles H	Chester
BUTLER, MD, Ivan L	York
BUTLER, JOHN M	Student
BUTLER, LAWRENCE J	Student
BUTLER, MD, Melvin V	Philadelphia
BUTLER, MD, William P	Greene
BUTSON, MD, Harry E	Philadelphia
BUTT, MD, Hameed A	Luzerne
BUTT JR, MD, Frank H	Warren
BUTTERFIELD, MD, Spencer L	Allegheny
BUTTERWORTH, MD, Thomas	Berks
BUTTITTA, PATRICIA F	Student
BUVINGER, MD, Ralph S	Allegheny
BUXTON JR, MD, Donald R	Dauphin
BUYERS, MD, Robert A	Montgomery
BUZAS, MD, Jerome W	Berks
BUZBY, MD, Franklin S	Philadelphia
BUZBY, MD, Gordon P	Philadelphia
BUZZELLI, MD, Philip B	Allegheny
BYER, MD, Harold H	Bucks
BYERS, MD, James F	Allegheny
BYERS, MD, John A	Allegheny
BYERS, KARIN E	Student
BYERS, MD, Robert O	Erie
BYLER, MD, Arthur B	Chester
BYRNE, MD, Earl B	Montgomery
BYRNE, MD, James E	Northampton
BYRNE, MD, Kevin J	Philadelphia
BYRNE, MD, William E	Dauphin
BYRON, MD, Harold J	Montgomery
BYRON, MARY C	Student
BYRON, MD, Thomas W	Luzerne
BYUN, MD, Stanley Y	Northmbrland

C

CABALLE, MD, Jose B	Allegheny
CABRERA, MD, Rafael	Washington
CABRY JR, ROBERT J	Student
CACCHIONE, DO, Philip M	Erie
CADER, MD, Cas M	Bucks
CADMAN, MD, Thomas E	Montour
CADY, MD, Herbert M	Philadelphia
CADY, MD, Joseph B	Bradford
CADY, MD, William W	Bradford
CAGGIANO, MD, James F	Luzerne
CAGGIANO, MD, John D	Chester
CAHAN, MD, Michael S	Philadelphia
CAHAN, MD, Robert B	Philadelphia
CAHILL, MD, David J	Beaver
CAHILL, MD, David M	Tioga
CAHILL, MD, Thomas J	Montour
CAHN, MD, Milton M	Philadelphia
CAIN, BRIAN S	Student
CAIN, MD, James P	Montgomery
CAINE, MD, Mark E	Allegheny
CAIRGLE, RODERICK G	Student
CAIRNS, MD, Lucy J	Philadelphia
CALABRESE, JAMIE	Student
CALABRETTA, MD, Arthur M	York
CALABRO, MD, Sal P	Philadelphia
CALANDRA, MD, Gary B	Philadelphia
CALANDRA, MD, Salvatore M	Allegheny
CALATA, MD, Eliseo R	Berks
CALBOT-SCZEPANSKI, MD, Cynthia L	Montgomery
CALCE, MD, John V	Lycoming
CALDER JR, MD, Joseph R	Lycoming
CALDERON, MD, Amador G	Union
CALDERONE, MD, Rocco R	Philadelphia
CALDWELL, J MICHAEL	Student
CALEB, MD, Mae H	Delaware
CALES, MD, Robert J	Philadelphia
CALESNICK, MD, Benjamin	Philadelphia
CALHOUN, MD, Joseph H	Philadelphia
CALI, DO, Gregory E	Lackawanna
CALIENDO, MARK V	Student
CALIGUIRI, MD, Joseph V	Allegheny
CALIGUIRI, MD, Lawrence A	Allegheny
CALISE, MD, Crescenzo G	Luzerne
CALKINS, MD, Joseph L	Lancaster
CALLAGAHAN, MD, Daniel A	Luzerne
CALLAGHAN, MD, Daniel J	Lawrence
CALLAGHAN, MD, Marian P	Philadelphia
CALLAHAN, MD, Mary F	Centre
CALLAHAN, DO, Michael E	Potter
CALLCOTT-STEVENS, MD, Victor A	Franklin
CALLEN, MD, H Samuel	Lebanon
CALLENBERGER, MD, George J	Lycoming
CALLENBERGER, MD, Ronald W	Tioga
CALLERY, MD, Gerald E	Philadelphia
CALLEY, MD, William D	Clearfield
CALLIGARO, MD, Keith D	Philadelphia
CALLIS, MD, Stewart J	Greene
CALVELO, MD, Manuel G	Allegheny
CAMA, MD, Joseph	Bradford
CAMBEST JR, MD, Michael A	Allegheny
CAMERON, MD, Donald D	Luzerne
CAMERON, MD, Donald Y	Allegheny
CAMINOS, MD, Oliverio W	Allegheny
CAMITTA, MD, Francine D	York
CAMMARANO III, DO, Dominic J	Berks
CAMMARATA, MD, Roy J	Allegheny
CAMODY-JOHNSTON, MD, Patricia A	Philadelphia
CAMP, MD, Mark O	Delaware
CAMPAGNA, MD, James T	Allegheny
CAMPANA, MD, Frederick T	Westmoreland
CAMPANA, MD, Joseph F	Lycoming
CAMPANA, MD, Louis F	Lycoming
CAMPANELLA, MD, Stephen D	Allegheny
CAMPBELL, MD, Barbara J	Somerset
CAMPBELL, MD, Charles E M	Bucks
CAMPBELL, CONNIE J	Student
CAMPBELL, MD, David B	Dauphin
CAMPBELL, MD, David R	Columbia
CAMPBELL, MD, Ernest W	Columbia
CAMPBELL, MD, G Robert	Beaver
CAMPBELL, JEFFREY W	Student
CAMPBELL, MD, Jennifer H	Allegheny
CAMPBELL, MD, Joseph D	Allegheny
CAMPBELL, MD, Joseph J	Cumberland
CAMPBELL, MD, Neil P	Bucks
CAMPBELL, MD, Robert E	Philadelphia
CAMPBELL, MD, Robert J	Columbia
CAMPBELL, MD, Robert W	Cambria
CAMPBELL, MD, Stephen E	Dauphin
CAMPBELL, DO, Thomas M	Luzerne
CAMPBELL, MD, Thomas P	Allegheny
CAMPBELL, MD, Timothy M	Allegheny
CAMPBELL, MD, Twining F	Montgomery
CAMPBELL, MD, William J	Dauphin
CAMPBELL JR, MD, James M	Centre
CAMPO, MD, Arnold B	Berks
CAMPO, DO, Tarcisio S	Northampton
CAN, MD, Seyit A	Philadelphia
CANALS, MD, Joaquin	Montgomery
CANDELARIA, MD, Josefina M	Allegheny
CANDER, MD, Leon	Philadelphia
CANDIA, MD, Andrea J	Bucks
CANDIO, MD, Joseph A	Lehigh
CANE, MD, Martin	Philadelphia
CANERIS, MD, Onassis A	Allegheny
CANFIELD, MD, Patricia H	Allegheny
CANINO, MD, Christopher W	Philadelphia
CANLAS, MD, Jolly B	Northampton
CANN III, MD, Thomas W	York
CANNER, MD, Gary C	Berks
CANNON, MD, Edward J	Philadelphia
CANNONE, MD, Dominick	Allegheny
CANO, MD, Elmer R	Allegheny
CANOSE, MD, Jeffrey L	Allegheny
CANTERNA, MD, Anthony C	Washington
CANTONI, MD, James D	Erie
CANUSO, MD, Nicholas A	Philadelphia
CANUSO JR, DO, Nicholas A	Montgomery
CAPAROSA, MD, Ralph J	Allegheny
CAPLAN, MD, Aaron	Lawrence
CAPLAN, MD, Bernard	Philadelphia
CAPLAN, MD, Howard S	Philadelphia
CAPLAN, MD, John Leo	Philadelphia
CAPLAN, MD, Milton L	Lawrence
CAPLAN, MD, Murray S	Philadelphia
CAPLAN, MD, Paul S	Allegheny
CAPOBIANCO, MD, Frank M	Northampton
CAPOBIANCO, MD, Lucian F	Cambria
CAPOBRES JR, MD, Rudolfo M	Washington
CAPONE, MD, Gaetano J	Philadelphia
CAPONE, MD, Ralph A	Westmoreland
CAPONE JR, MD, Raymond A	Allegheny
CAPPA, MD, Robert J	Berks
CAPPIELLO, MD, Justin L	Lancaster
CAPPIELLO, MD, William A	Bucks
CAPPOLA JR, MD, Michael T	Philadelphia
CAPPUCCIO, MD, Matthew S	Philadelphia
CAPUTO, MD, Brian J	Allegheny
CAPUTO, MD, Larry A	Philadelphia
CARABASI, MD, R Anthony Iii	Philadelphia
CARABASI, MD, Ralph A	Philadelphia
CARABELLI, MD, Ronald J	Philadelphia
CARABELLO, MD, Charles A	Berks
CARACAPPA, DO, Paul M	Berks
CARAPELLA, MD, John D	Lehigh
CARAPELLOTTI, MD, Richard A	Philadelphia
CARAZOLA, MD, Joseph H	Washington
CARBAUGH, MD, Howard L	Lehigh
CARBO, DO, Anthony P	Delaware
CARBONI, MD, Vincent A	Luzerne
CARDAMONE, MD, Ralph A	Allegheny
CARDAMONE, MD, S Joseph	Philadelphia
CARDELL, MD, Anthony F	Philadelphia
CARDELLINO, MD, Thomas J	Cambria
CARDENAS, MD, Florencio P	Fayette
CARDINAL, MARK S	Student
CARDINALE, DO, Joseph P	Dauphin
CARDLIN, MD, Kenneth M	Dauphin
CARDONE, MD, Anita L	Allegheny
CARDONE, RICHARD A	Student
CAREL, MD, Warren D	Philadelphia
CARELLA, MD, Richard J	Montgomery
CAREY, MD, Edward J	Luzerne
CAREY, MD, Eva S	Allegheny
CAREY, MD, John L	Luzerne
CAREY, MD, John T	Beaver
CAREY, MD, Kevin V	Bradford
CAREY, MD, Philip D	Cumberland
CAREY III, WILFRED	Student
CARIAGA, MD, Maria-Luisa C	Westmoreland
CARIM, MD, Hyder M	Berks
CARIM, MD, Moiz M	Berks
CARINO, MD, Mariel G	Lackawanna
CARL, MD, David A	Luzerne
CARLETON, MD, Marta J	Montour
CARLIN, MD, Elwin S	Montgomery
CARLIN, MD, Gerald J	Allegheny
CARLIN, MD, Hugh M	Northampton
CARLIN, MD, Marie C	Bucks
CARLINI, MD, Charles J	Allegheny
CARLOS, MD, Hector J	Bucks
CARLOW, MD, Joseph F	Chester
CARLSON, MD, Brian J	Philadelphia
CARLSON, MD, John E	Berks
CARLSON, MD, John P	Montour
CARLSON, MD, Kenneth E	Beaver
CARLSON, MD, Richard E	Montgomery
CARLSON, MD, Robert E	Montgomery
CARLSON, MD, Stephen E	Berks
CARLSON JR, MD, John A	Philadelphia
CARLSSON, MD, Christer	Philadelphia
CARLUCCI, MD, Ronald J	Philadelphia
CARMEN, MD, Thomas F	Allegheny
CARMICHAEL, MD, Paul L	Montgomery
CARMONA, MD, Aldo	Monroe
CARNABUCI, MD, Guy J	Philadelphia
CARNAVIL, DO, Brian D	Montgomery
CARNEGIE, MARGARET L	Student
CARNEVAL, DO, Daniel C	Erie
CARNEVALE, MD, Thomas A	Chester
CARNEY, MD, Frank T	Cambria
CARNEY, MD, Paul L	Centre
CAROE, MD, Alan E	York
CAROFF, MD, Romuald J	Cambria
CARP, MD, Albert A	Philadelphia
CARP, MD, Leon M	Philadelphia
CARP, MD, Mason J	Dauphin
CARPANZANO, MD, Carmela R	Jefferson
CARPENTER, MD, Cathy P	York
CARPENTER, CELIA L	Student
CARPENTER, MD, Kim L	York
CARPENTER, LINDA L	Student
CARPINIELLO, MD, Victor L	Philadelphia
CARPOUSIS, AVRA H	Student
CARR, MD, James V	Allegheny
CARR, MD, Robert W	Philadelphia
CARR, MD, William F	Dauphin
CARRATO, ANTHONY M	Student
CARRELL, MD, Robert L	Allegheny
CARRIER, MD, Judith M	Cambria
CARRIER, MD, William W	Cambria
CARROLL, DO, Edmund T	Bucks
CARROLL, MD, Joan B	Philadelphia
CARROLL, MD, Laurence E	Lancaster
CARROLL, MD, Nancy E	Allegheny
CARROLL, MD, Robert J	Allegheny
CARROLL, MD, Robert T	Philadelphia
CARROLL, MD, Stanton F	Philadelphia
CARROZZA, MD, Harry D	Philadelphia
CARRUTHERS, MD, Ralph B	Lancaster
CARSON, MD, Donald G	Allegheny
CARSON, MD, John S	Montgomery
CARSON, MD, Teresa C	Philadelphia
CARSON, MD, Thomas E	Warren
CARSON III, MD, John N	York
CARTAGINESE, MD, Peter	Bradford
CARTER, MD, Daniel J	Allegheny
CARTER, DAVID L	Student
CARTER, MD, Donald L	Westmoreland
CARTER, MD, Howard A	Cambria
CARTER, MD, Jeffrey E	Philadelphia
CARTER, MD, John A	Beaver
CARTER, MD, Joseph H	Erie
CARTER, MD, Judith H	Allegheny
CARTER, MD, Ricardo T D D	Mifflin/Juni
CARTER, MD, Thomas L	Huntingdon
CARTER JR, MD, Joseph H	York
CARTWRIGHT, MD, Richard L	Cambria
CARTWRIGHT, MD, Rudolph	Erie
CARTWRIGHT, SCOTT R	Student
CARTY JR, MD, James B	Montgomery
CARUANA, MD, Bruce J	Berks
CARUGATI, MD, Richard K	Beaver
CARUSO, MD, David M	Elk/Cameron
CARVAJAL, MD, Roberto T	Bucks
CARVELLI, MD, Joseph A	Erie
CARVER, MD, Joseph R	Philadelphia
CARVER, MD, Margaret A	Fayette
CARY, MD, Gene L	Dauphin
CASAL, MD, Rolando A	Dauphin
CASALE, MD, Lawrence F	Cambria
CASALE, MD, Louis J	Bucks
CASALE, MD, Peter J	Monroe
CASCIOTTI, DO, Michael S	Dauphin
CASE JR, MD, Warren G	Philadelphia
CASELLA, MD, Salvatore R	Montgomery
CASERTA, MD, Vito M	Mifflin/Juni
CASEY, MD, John D	Monroe
CASEY, MD, Kevin	Philadelphia
CASEY, MD, Michael P	Allegheny
CASEY, MD, Thomas J	Montgomery
CASEY-MANCANO, MD, Maryann P	Berks
CASH, MD, Stephen L	Philadelphia
CASPER, MD, Daniel R	Westmoreland
CASS, MD, Paul T	Delaware
CASSEL, MD, Franklin K	Lancaster
CASSEL, MD, John J	Lehigh
CASSELBERRY, MD, E Josephine	Northampton
CASSELBRANT, MD, Margaretha L	Allegheny
CASSELLI, MD, Helene J	Philadelphia
CASSELMAN, MD, Hyman L	Erie
CASSIDY, MD, Harvey D	Montour
CASSIDY, MD, Joseph A	Blair
CASSIDY, MD, William J	Philadelphia
CASSOFF, MD, Richard G	Allegheny
CASSON, LISA N	Student
CASSONE, MD, Gary J	Lackawanna
CASTAGNA, MD, Armand	Philadelphia
CASTALDO, MD, William A	Lehigh
CASTELLANO, MD, Thomas J	Luzerne
CASTELLI, MD, Dario D	Allegheny

CASTELLI II, MD, Peter J	Somerset
CASTELLON, MD, Lourdes	Cambria
CASTELLON-VOGEL, MD, Carlos H	Cambria
CASTERLINE, MD, Charlotte L	Luzerne
CASTIGLIONE, MD, Angelo	Allegheny
CASTILLENTI, MD, Guy A	Allegheny
CASTILLO, MD, Jose	Philadelphia
CASTILLO, MD, Manuel M	Allegheny
CASTILLO, MD, William M	Allegheny
CASTLE, MD, Charles A	Lancaster
CASTLE, MD, William N	Allegheny
CASTOR, MD, Louis H	Philadelphia
CASTOR, STANLEY A	Student
CASTRINA JR, MD, Frank P	Cumberland
CASTRO, MD, Arturo F	Allegheny
CASTRO, MD, Augusto D	Allegheny
CASTRO, MD, Othoniel	Erie
CASTROVINCI, MD, Robert V	Philadelphia
CASWELL, MD, Horace T	Philadelphia
CATALANE, MD, David B	Allegheny
CATALANO, MD, Anthony C	Northmbrland
CATALANO, MD, Kathleen F	Westmoreland
CATALANO JR, MD, Louis W	Westmoreland
CATENA, MD, Elizabeth P	Allegheny
CATENA, MD, Michael R	Allegheny
CATENA JR, MD, William P	Allegheny
CATTANO, MD, Charles J	Allegheny
CATTIE, MD, Vincent J	Philadelphia
CATTON, MD, Domenic J	Blair
CATTON, MD, Raymond M	Chester
CAUFFMAN, MD, William J	Bucks
CAUTILLI, MD, Richard A	Montgomery
CAVAN, MD, Albina B	Luzerne
CAVAN, MD, John F	Luzerne
CAVANAUGH, MD, Michael F	Montgomery
CAVASINA, MD, Mary M	Washington
CAVENDER, MD, John C	Susquehanna
CAVORSI, MD, Joseph P	Berks
CAVOTO, MD, Michael J	Indiana
CAVUTO, DO, Carolyn Marie	Philadelphia
CAWOG, MD, Antoine F	Westmoreland
CECCARELLI, AMERIGO N	Student
CECH, MD, Alex C	Philadelphia
CECH, MD, Rosanne	Lackawanna
CEDERSTROM, MD, Janice J	Philadelphia
CEDRONE, MD, Francine Anne	Philadelphia
CEFARATTI, MD, Michael D	Berks
CELANI, MD, Victor J	Lehigh
CELEBRE, MD, Joan A	Montgomery
CELIO, MD, Lee A	Philadelphia
CELKO, MD, David A	Allegheny
CELLINI, MD, L Luke	Delaware
CENEDELLA, MD, Stephen C	Venango
CERA JR, MD, Peter J	Montour
CERCIELLO, MD, Mark J	Lehigh
CERCONE, DO, David J	Allegheny
CERCONE, MD, Ronald G	Allegheny
CERIANI, MD, Carol M	Philadelphia
CERIMELE, MD, Nicholas A	Cambria
CERNADAS, MANUELA	Student
CERNE, MD, Andrew J	Westmoreland
CERRA, MD, Carmine J	Monroe
CERRI, MD, Hugo J M	Allegheny
CERTA, MD, Kenneth M	Philadelphia
CERTO, MD, Louis M	Allegheny
CERTO, MD, Salvatore A	Allegheny
CERUL, MD, Maurice S	Allegheny
CESANEK, JOSEPH E	Student
CESARE, MD, Joseph G	Lackawanna
CESCON, MD, Terrence P	Philadelphia
CESTELLO, MD, Robert J	Allegheny
CEVALLOS, MD, Eduardo A	Bucks
CHABRA, MD, Mohan L	Allegheny
CHABY, DO, Jeffrey H	Lancaster
CHADAGA, MD, P C S	Delaware
CHADDAH, MD, Ashok	Indiana
CHADWICK, MD, Harold H	Bradford
CHAFFEE, MD, John S	Erie
CHAI, MD, Chiu L	Bucks
CHAI, MD, Mark D	York
CHAI, MD, Min S	Lackawanna
CHAIT, MD, Arnold	Philadelphia
CHALAL, MD, Gerald S	Philadelphia
CHALAL, MD, Kenneth	Philadelphia
CHALFANT, MD, John C	Fayette
CHALFANT, MD, Richard S	Allegheny
CHALLINOR, MD, S Boyd	Allegheny
CHAMBERS, MD, Christopher V	Philadelphia
CHAMOUN, MD, Diran	Dauphin
CHAMOVITZ, MD, Bruce N	Beaver
CHAMOVITZ, MD, Jerome	Allegheny
CHAMOVITZ, MD, Robert	Allegheny
CHAN, MD, Anne K	Philadelphia
CHAN, MD, Daniel M	Franklin
CHAN, MD, Kenny H	Allegheny
CHANDRA, MD, Dinesh N	Allegheny
CHANDRA, MD, Prasanta C	Philadelphia
CHANDRA, MD, Seethalakshmi	Allegheny
CHANDRA-MOHAN, MD, Avverahalli M	Luzerne
CHANDRAN, MD, Girija	Cambria
CHANDRAN, MD, Gopalaswamy	Cambria
CHANDRASEKARAN, MD, Ramamurti	Allegheny
CHANDRASEKARAN, MD, Sannasie	Westmoreland
CHANG, MD, Alexander C S	Allegheny
CHANG, MD, Charles H	Westmoreland
CHANG, MD, Che-Yi	Northampton
CHANG, MD, Chris C	Dauphin
CHANG, MD, Chun S	Luzerne
CHANG, MD, Clayton W	Montgomery
CHANG, DAVID W	Student
CHANG, MD, In-Ho	Lehigh
CHANG, JOHN	Student
CHANG, MD, Ker-Chow	Luzerne
CHANG, MD, Kun T	Philadelphia
CHANG, MD, Mona P	Lycoming
CHANG, TYLIS Y	Student
CHANG-LIPSENTHAL, MD, Kathy H	Philadelphia
CHANGCO, MD, Alvaro N	Washington
CHANNAPATI, MD, Thippeswamy	Butler
CHANNICK, MD, Bertram J	Philadelphia
CHANNICK, MD, Steven A	Montgomery
CHANTZ, MD, Daniel J	Allegheny
CHAPA, MD, Sukumar M	Clarion
CHAPIS, MD, Gregory J	York
CHAPIS, MD, Nicholas J	Montgomery
CHAPLIN, MD, Stanley S	Philadelphia
CHAPMAN, MD, Albert L	Dauphin
CHAPMAN, DO, Andrew E	Philadelphia
CHAPMAN, MD, Christopher N	Northampton
CHAPMAN, MD, William L	Allegheny
CHAPPELKA, MD, Alfred R	Philadelphia
CHAPUT, MD, Andre	Crawford
CHAPUTA-CHERRY, MD, Melanie M	Centre
CHARABATI, MD, Jay	Luzerne
CHARBONNEAU, DO, Elissa Joy	Philadelphia
CHAREPOO, MD, Khashaiar	Warren
CHARLES, MD, Kristine K	Allegheny
CHARLES, MD, Robert S	Montgomery
CHARLESWORTH, MD, Ernest E	Venango
CHARLEY, MD, John A	Allegheny
CHARLSON, MD, Murray T	Allegheny
CHARLTON, MD, Brian L	Bradford
CHARNEY, MD, Richard H	Bucks
CHARNY, MD, Charles W	Philadelphia
CHASE, MD, Harold F	Philadelphia
CHASE, JEFF M	Student
CHASE, MD, Jeffrey S	Philadelphia
CHASE, MD, William D	Centre
CHASTENEY III, MD, Edward A	Philadelphia
CHAT, MD, Emanuel	Philadelphia
CHATHA, MD, Iftikhar A	Mercer
CHATREE-DUANGNET, MD, Chad	Lawrence
CHATZINOFF, MD, Martin	Montgomery
CHAU, MD, Wing C	York
CHAUDHARY, MD, Chhaya S	Delaware
CHAUDHARY, MD, Safdar I	Butler
CHAUDHRI, MD, Munawar S	Delaware
CHAUDHRY, MD, Aziz	Philadelphia
CHAUDHRY, MD, Mehboob K	Allegheny
CHAUDHRY, MD, Mohammad A	Monroe
CHAUDHRY, MD, Rahat M	Allegheny
CHAUDHRY, MD, Sakina A	Monroe
CHAUHAN, MD, Ambaram V	Allegheny
CHAVES, MD, Fernando	Somerset
CHAWLA, MD, Harish C	Bucks
CHAWLA, RAKESH R	Student
CHAYAPRUKS, MD, Prayun	Greene
CHEEVER, MD, Francis S	Allegheny
CHEIKIN, MD, Michael I	Montgomery
CHELEN, MD, Carl J	Dauphin
CHELIUS, MD, Alan B	Berks
CHEN, MD, Chih-Hung	Northampton
CHEN, MD, Chijen	Delaware
CHEN, MD, Henry Y	Venango
CHEN, MD, Jennifer L	Philadelphia
CHEN, MD, Kurt Y	Philadelphia
CHEN, ROLAND N	Student
CHEN, TAI-WEN	Student
CHEN, MD, Wei-Fan	Philadelphia
CHEN, WENDY Y	Student
CHENEY, MD, Maryalice	Philadelphia
CHENG, MD, Chun-Pin	Allegheny
CHENG, CYNTHIA	Student
CHENG, MD, David T	Allegheny
CHENG, MD, Harvey S	Lehigh
CHENG, MD, Kenneth P	Allegheny
CHENG, MD, Lawrence C	Lehigh
CHENG, MD, Mei-Chang	Bradford
CHENGAPPA, MD, Palecanda P	Allegheny
CHENSEE, MD, Jasper G	Berks
CHEPONIS, MD, George B	Allegheny
CHERIAN, MD, George R	Jefferson
CHERNEGA-SPIEKERMANN, MD, Joy	Philadelphia
CHERNER, MD, Rachmel	Philadelphia
CHERNESKIE, THOMAS J	Student
CHERNEY, MD, Paul J	Philadelphia
CHERNIAK, DAVID	Student
CHERNOFF, MD, Arthur	Philadelphia
CHERNOFF, MD, Benjamin	Philadelphia
CHERNOFF, MD, Robert W	Delaware
CHERNOFSKY, MD, Michael A	Lehigh
CHERRY, MD, Kenneth L	Centre
CHERRY, MD, Louis J	Jefferson
CHERRY, MD, Scott M	York
CHERRY, MD, Steven B	Cumberland
CHERUP, MD, E David	Allegheny
CHERUP, MD, Lori L	Allegheny
CHESAR JR, THOMAS	Student
CHESEK, MD, Lorraine M	Allegheny
CHESEN, MD, David	Philadelphia
CHESEN, MD, Neil	Berks
CHESIN, MD, Carole M	Allegheny
CHESNEY, DAVID S	Student
CHESNICK, MD, Steven R	Montgomery
CHETLIN, MD, Sherwood M	Allegheny
CHETLIN, MD, Stuart H	Allegheny
CHETT, MD, Nicholas J	Berks
CHEUNG, CATHERINE W	Student
CHEUNG, MD, Hoo J	Blair
CHEYNEY II, MD, James B	Montgomery
CHHIBBER, MD, Geeta	Philadelphia
CHI, MD, Nungja	Philadelphia
CHIANG, MD, Ethel C	Washington
CHIARAMONTE III, ANTHONY	Student
CHIAVACCI, MD, Anthony L	Lackawanna
CHIAVACCI, MD, Eugene J	Lackawanna
CHIAVACCI, MD, Wayne E	Lackawanna
CHICKLO, MD, James M	Franklin
CHICO, MD, Lauro V	Allegheny
CHIDI, MD, Joseph C	Potter
CHIEN, MD, Ann M	Philadelphia
CHIESA, MD, Nicolette E	Cambria
CHIKARMANE, MD, Ajit M	Luzerne
CHIKARMANE, MD, Kalpana A	Luzerne
CHILDS, MD, Elizabeth R	Allegheny
CHILDS, MD, John N	Philadelphia
CHILDS, MD, Marion C	Chester
CHILDS, MD, Robert W	Luzerne
CHILDS, MD, Usha M	Philadelphia
CHILDS-ROSHAK, JENNIFER	Student
CHIN, MD, Byoung Kwon	Bucks
CHINITZ, MD, Joel L	Philadelphia
CHINNAPILLAI, MD, Bernard J	Luzerne
CHIRIELEISON, MD, Rocco F	Berks
CHISDAK, MD, Michael W	Bradford
CHISOLM, OLETHA E	Student
CHISUM, MD, Melvin J	Philadelphia
CHITALE, MD, Vidyadhar S	Delaware
CHIUCCHINI, MD, Irene R	Lackawanna
CHIUMENTO, DO, Nicholas P	Lackawanna
CHIVUKULA, MD, Aruna	Bucks
CHIZEVER, GARY E	Student
CHLEBOWSKI, JAMES E	Student
CHLUDZINSKI, MD, Ronald W	Allegheny
CHMIELEWSKI, MICHAEL J	Student
CHMIELEWSKI, PAUL W	Student
CHMIELEWSKI, MD, Robert E	Philadelphia
CHO, MD, Doo W	Blair
CHO, MD, Jay J	Dauphin
CHO, MD, Jong S	Fayette
CHO, MD, Yong D	Washington
CHOBY, MD, John J	Bucks
CHODROFF, MD, Charles H	York
CHOGICH, MD, John C	Delaware
CHOI, MD, Edward W	Luzerne
CHOI, MD, Kwang Y	Crawford
CHOI, MD, Matthew B L	Bucks
CHOI, MD, Samuel K	Bradford
CHOI, MD, Sean H	Allegheny
CHOI, MD, Tohshik	Montgomery
CHOLAPRANEE, MD, Rewat	Allegheny
CHOLLAK, MD, William L	Philadelphia
CHOLLAK SR, MD, Joseph P	Luzerne
CHOMSKY, MD, David E	Philadelphia
CHONG, MD, Daniel C	Allegheny
CHOONG, MD, Shung S	Schuylkill
CHOPRA, MD, Raj P	Columbia
CHOPRA, MD, Ramesh K	Blair
CHORAZY, MD, Anna J	Allegheny
CHORAZY, MD, Zdzislaw J	Beaver
CHOTINER, MD, Bennett	Dauphin
CHOUDHARY, MD, Shahid K	Allegheny
CHOUDHURY, MD, Shahana A	Philadelphia
CHOUGH, MD, Andrew C B	Allegheny
CHOUGH, MD, Simon H	Allegheny
CHOVANES, MD, George I	Lehigh
CHOWDARY, MD, Raj P	Lehigh
CHOWDHRY, MD, Zafar I	Armstrong
CHOWDHURY, MD, A Rab	Berks
CHREMOS, MD, Athanassios N	Philadelphia
CHRIST, MICHAEL J	Student
CHRIST, MD, Nicholas J	Berks
CHRIST, MD, Peter J	Berks
CHRISTAKIS, DIMITRI A	Student
CHRISTENSEN, MD, David W	Berks
CHRISTENSEN, DO, G Chris	Montgomery
CHRISTIAN, MD, Colleen J	Philadelphia
CHRISTIAN, MD, Dean A	Columbia
CHRISTIAN, MD, Eugene P	Washington
CHRISTIAN, MD, Horace D	Allegheny
CHRISTIANSEN, DO, Leif E	Berks
CHRISTIANSON, MD, Alan D	Westmoreland
CHRISTIDES, MD, Stephan A	Philadelphia
CHRISTIE, MD, Karl B	Allegheny
CHRISTIE, DO, Peter N	Delaware
CHRISTIE, MD, Thomas	Chester
CHRISTIE, MD, William C	Allegheny
CHRISTINE, DO, Craig R	Lehigh
CHRISTMAN, MD, James C	Franklin
CHRISTMAN, MD, Willard W	Northmbrland
CHRISTOFORATOS, MD, Demetrius	Luzerne
CHRISTOFORETTI, MD, Russell J	Washington
CHRISTOU, MD, Aristotle A	Philadelphia
CHRISTY, MD, Michael G	Allegheny
CHRISTY, MD, Wallace C	Allegheny
CHU, MD, Ann M	Philadelphia
CHU, MD, Donald	Philadelphia
CHU, MD, Jennifer	Philadelphia
CHU, MD, Jonathan L	Lycoming
CHU, MD, Winston	Erie
CHUA, MD, Chong V	Montgomery
CHUENSUMRAN, MD, Ongart	Allegheny
CHUENSUMRAN, MD, Rajani S	Allegheny
CHUGHTAI, MD, Arshad I	Allegheny
CHUGHTAI, MD, Mubashar S	Allegheny
CHUN, ANDREW B	Student
CHUN, MD, Kelly	Philadelphia
CHUN, MD, Yoon-Taek	Monroe
CHUNG, MD, C Kun	Lackawanna
CHUNG, MD, Chin D	Lawrence
CHUNG, MD, Chin-Yong	Erie
CHUNG, MD, Edward K	Philadelphia
CHUNG, MD, Hack R	Montgomery
CHUNG, MD, Kwang H	Allegheny
CHUNG, MD, Linda C	Philadelphia
CHUNG, MD, Whan S	Philadelphia
CHUNG, MD, Yoon Jin	Westmoreland
CHUNN, MD, Livingston	Philadelphia
CHURCH, MD, Jeffrey S	York
CIACCHELLA, MD, Arthur P	Allegheny
CIACCI, MD, Vincent W	Chester
CIAIO, CAROLE-JAY	Student
CIAMBOTTI, MD, Gary F	Allegheny
CIANCAGLINI, MD, Emilia	Philadelphia
CIANCIULLI, MD, Francis D	Delaware
CIANFRANI, MD, Peter M	Bucks
CIANNI, MD, Ronald J	Lackawanna
CIBIK, MD, Lisa M	Washington
CICCARELLI, MD, Clem A	York
CICCARELLI, MD, Harold E	Allegheny
CICCARELLI, MD, Lee M	Lycoming
CICCHINO, MD, Frank E	Allegheny
CICCO, MD, Robert C	Allegheny
CICCOTELLI, MD, Aldo A	Schuylkill
CICHELLI, MD, Andrew V	Philadelphia
CICHON, MD, Philip J	Allegheny
CICILIONI JR, ORLANDO J	Student
CICUTO, DO, Robert A	Mercer
CIGANIC, MD, Ratimir R	Allegheny
CIGNETTI, MD, Franklin E	Allegheny
CINBERG, MD, Leonard A	Philadelphia
CINCALA, DO, Robert P	Allegheny
CINCO, MD, Flocerfina V	Delaware
CINCOTTA, DO, Anthony J	Philadelphia
CINCOTTA, MD, Janet F	Dauphin
CINCOTTA, MD, Joseph A	Dauphin
CINDRICK, LORI L	Student
CIOTOLA, MD, Augustine A	Luzerne
CIOTOLA, MD, Joseph G	Luzerne
CIOTOLA, MD, Thomas J	Luzerne
CIOTTI, DO, Annette A	Allegheny
CIPOLLA, MD, Charles F	Lycoming
CIPOLLINA, MD, Carmela M	Luzerne
CIPRIANO, MD, John J	Lackawanna
CIRAULO, DO, David L	Dauphin
CIRELLI, MD, Mario G	Philadelphia
CIRIGLIANO, MD, Daniel A	Bucks
CIRINCIONE, MD, Robert J	Franklin
CIROTTI, MD, Joseph J	Montgomery
CITRO, MD, Laurence A	Berks
CITRONE, MD, Peter J	Allegheny
CITTA, DO, Thelma J	Philadelphia
CITTI, MD, John G	Luzerne
CIVITARESE, MD, Louis R	Allegheny
CLADEL JR, MD, Charles E	Dauphin
CLADER, MD, Stanley C	Montgomery
CLAFFEY, MD, Kevin B	Delaware
CLANCY, MD, Michael	Philadelphia
CLARE, MD, David W	Allegheny
CLARE, MD, Henry E	Delaware
CLARK, MD, Ann K	Westmoreland
CLARK, MD, Donald L	Philadelphia
CLARK, MD, Edward L	Philadelphia
CLARK, MD, Grant C	Columbia
CLARK, MD, James E	Delaware
CLARK, JOSEPH D	Student
CLARK, MD, Joseph M	Lebanon
CLARK, MD, Lawrence M	Clarion
CLARK, MD, Linda J	Allegheny
CLARK, MD, M Dorcas	Indiana
CLARK, MD, Michael L	Blair
CLARK, MD, Scott K	Dauphin
CLARK, MD, William H	Allegheny
CLARK JR, MD, Gordon H	Erie
CLARKE, MD, Charles E	Allegheny
CLARKE, MD, Franklyn R	Bucks
CLARKE, MD, Frederick T	Northampton
CLARKE, MD, John R	Philadelphia
CLARKE, MD, Leon E	Philadelphia
CLARKE, MD, Robert H	Allegheny
CLARY, MD, Anthony R	Montour
CLASSEN, MD, Charles H	Montgomery
CLAUHS, MD, Ronald P	Chester
CLAUSS, MD, Thomas F	Lackawanna
CLAY, MD, Bettie W	Chester
CLAYTON, DO, John S	Chester
CLAYTON, MD, Richard J	Chester
CLAYTON, MD, Thomas D	Chester
CLAYTON JR, MD, Samuel T	Dauphin
CLEARFIELD, MD, Harris R	Philadelphia
CLEARFIELD, MD, Ronald J	Westmoreland
CLEARFIELD, DO, William N	Luzerne
CLEARY, MD, Cathleen A	Lehigh
CLEAVER, MD, Clarence P	Columbia
CLEAVER, MD, Dorothy M	Montgomery
CLEAVER, MD, E Eugene	Montgomery

CLELAN, MD, George M	Lancaster
CLEMENS, MD, Thomas M	Lebanon
CLEMENT, MD, Gordon S	Montgomery
CLEMENT, MD, John A	Montour
CLEMENTS, MD, David H	Westmoreland
CLEMENTS, MD, David H	Philadelphia
CLEMENTS, MD, James K	Washington
CLEMENTS, MD, Michael J	York
CLEMENTS, MD, William T	Berks
CLEMENTS, MD, William W	Montgomery
CLEVENGER, MD, Robert W	Allegheny
CLEVER, MD, John E	Allegheny
CLINE, MD, Charles W	Allegheny
CLIPP, MD, Samuel W	Bucks
CLISTA, BRIAN T	Student
CLOSE, MD, Richard A	Berks
CLOSKEY, MD, Gregory M	Montgomery
CLOSSON, MD, Edward W	Philadelphia
CLOUGH, MD, Douglas F	Allegheny
CLOUSE, MD, Richard M	Butler
CLUTE, HOLLY L	Student
CLUTZ, MD, Paul A	Franklin
CLYMAN, MD, Byron	Montgomery
CLYMER, MD, David G	Berks
COAR, MD, George R	Luzerne
COATES, MD, Wendy C	Allegheny
COATES JR, MD, John B	Chester
COATS, THOMAS D	Student
COBB, MD, Blaine W	Bradford
COBBINAH, INGENUE F	Student
COBBS, ELIZABETH J	Student
COBERT, MD, Howard S	Philadelphia
COBETTO, MD, Bernard H	Westmoreland
COBLENTZ, MD, Robert H	Allegheny
COCCO, MD, Alex M	Mercer
COCHRAN, MD, James F	Northampton
COCHRAN, MD, Terence A	Lackawanna
COCHRAN, MD, William C	Montgomery
COCHRAN, MD, William J	Montour
CODARIO, MD, Ronald A	Philadelphia
COFFEY, DO, David	Erie
COFFEY, DAVID A	Student
COFFEY, MD, Robert Jay	Allegheny
COFFEY, MD, William F	Philadelphia
COFFMAN, MD, Kaohlin M	Lycoming
COGEN, MD, Frederick C	Montgomery
COGLEY, MD, Richard L	Erie
COHAN, MD, Gary Ross	Philadelphia
COHEN, MD, Abraham L	Montgomery
COHEN, DO, Alice L	Lancaster
COHEN, MD, Archibald C	Butler
COHEN, MD, Bernard I	Allegheny
COHEN, BETH I	Student
COHEN, MD, Bruce A	Berks
COHEN, MD, David A	Philadelphia
COHEN, MD, David E	Montgomery
COHEN, MD, David J	Philadelphia
COHEN, MD, David L	York
COHEN, MD, Deborah A	Allegheny
COHEN, DENNIS S	Student
COHEN, MD, Donald L	Mercer
COHEN, MD, Edwin E	Lycoming
COHEN, MD, Erwin A	Philadelphia
COHEN, MD, H Elliott	Philadelphia
COHEN, MD, H Emmanuel	Philadelphia
COHEN, MD, Ira J K	Allegheny
COHEN, MD, J Stanley	Philadelphia
COHEN, MD, Jacob J	Philadelphia
COHEN, MD, Jeffrey H	Allegheny
COHEN, MD, Jeffrey K	Allegheny
COHEN, MD, Kenneth D	Philadelphia
COHEN, MD, Kenneth R	Philadelphia
COHEN, MD, Larry K	Allegheny
COHEN, DO, Laurie A	Lehigh
COHEN, MD, Leonard M	Allegheny
COHEN, MD, Mark H	Montour
COHEN, MD, Martin A	Bucks
COHEN, MD, Merton E	Northampton
COHEN, MD, Meyer A	Philadelphia
COHEN, MD, Michael M	Philadelphia
COHEN, MD, Milton H	Mifflin / Juni
COHEN, MD, Norman F	Allegheny
COHEN, MD, Norman F	Philadelphia
COHEN, MD, Norman N	Philadelphia
COHEN, MD, Peter Z	Allegheny
COHEN, RANDOLPH B	Student
COHEN, DO, Randy A	Lancaster
COHEN, MD, Raphael M	Philadelphia
COHEN, MD, Robert	Bradford
COHEN, DO, Robert A	Allegheny
COHEN, MD, Robert D	Allegheny
COHEN, MD, Robert M	Philadelphia
COHEN, MD, Robert V	Philadelphia
COHEN, MD, Rodney S	Philadelphia
COHEN, MD, Samuel	Indiana
COHEN, MD, Samuel F	Montgomery
COHEN, MD, Sarle H	Philadelphia
COHEN, MD, Sherwood V	Philadelphia
COHEN, MD, Stanley	Philadelphia
COHEN, MD, Stanley N	Philadelphia
COHEN, MD, Theodore B	Philadelphia
COHEN, DO, William L	Delaware
COHEN, MD, William W	Erie
COHEN, YALE M	Student
COHLER, MD, Alan	Montgomery
COHN, MD, Burton H	Dauphin
COHN, MD, C Harold	Berks
COHN, MD, Edwin M	Philadelphia
COHN, MD, Herbert E	Philadelphia
COHN, MD, Jeffrey B	Philadelphia
COHN, MD, John R	Philadelphia
COLA, DO, Carol D	Lehigh
COLANTONI, MD, William	Washington
COLASANTE, MD, Anthony D	Northampton
COLATRELLA, MD, Anthony M	Allegheny
COLAVINCENZO, MD, John W	Beaver
COLBERG, MD, James E	Philadelphia
COLBURN JR, MD, Harold L	Philadelphia
COLCHER, MD, Irving S	Montgomery
COLCHER, MD, Robert E	Montgomery
COLDREN, MD, Robert L	Dauphin
COLE, MD, Charles E	Lycoming
COLE, MD, Charles E	Allegheny
COLE, MD, Dennis G	Erie
COLE, DO, Derhymere L	Mercer
COLE, MD, Jack E	Northampton
COLE, MD, James M	Montour
COLE, JOHN S	Student
COLE, MD, K Niki	Philadelphia
COLE, EXEC DIR, Md, Richard S	Westmoreland
COLELLA, MD, Joseph J	Beaver
COLELLA, MD, Mark S	Allegheny
COLEMAN, MD, Donald K	Northampton
COLEMAN, MD, Ernest H	Centre
COLEMAN, MD, Linda L	Montour
COLEMAN, MD, Martin R	Delaware
COLEMAN, DO, Michael H	Butler
COLEMAN, MD, Thomas H	Lackawanna
COLEMAN JR, MD, Ernest H	Dauphin
COLEMAN-BRACKEN, DO, Barbara A	Delaware
COLETTA, MD, Daniel J	Bucks
COLLAZO, MD, Ernesto L	Philadelphia
COLLEY, MD, Alfred L	Philadelphia
COLLEY, MD, Arthur T	Montour
COLLIER, MD, Paul E	Allegheny
COLLIER, MD, Thomas F	Dauphin
COLLIER JR, MD, Andrew J	Philadelphia
COLLIN, MD, Gary R	Delaware
COLLINI, MD, Francis J	Luzerne
COLLINS, MD, Clyde A	Lackawanna
COLLINS, MD, Frank J	York
COLLINS, MD, Kenneth P	Chester
COLLINS, MD, Lawrence A	Allegheny
COLLINS, MD, Leonard R	Lycoming
COLLINS, MD, Mark E	Allegheny
COLLINS II, MD, J John	Lehigh
COLLINS JR, MD, Richard F	Allegheny
COLLURA, MD, Paul T	Lancaster
COLMENAR, MD, Antonio B	Philadelphia
COLMENARES, MD, Ruperto F	Berks
COLODNY, MD, Stephen M	Allegheny
COLOMBO, MD, James L	Delaware
COLOSI, MD, Nicholas A	Montgomery
COLTMAN, MD, Arthur B	Philadelphia
COLVIN, MD, Victor G	Bedford
COMAS, MD, Michael G	Cambria
COMBER, PAUL G	Student
COMER, MD, Nathan L	Philadelphia
COMESS, MD, Raymond R	Berks
COMSTOCK, MD, Lloyd K	Allegheny
CONAHAN, MD, Bernardin Q	Bucks
CONAHAN JR, MD, Joseph B	Monroe
CONAWAY, MD, Bruce E	Allegheny
CONCANNON, MD, Joseph P	Allegheny
CONCILUS, MD, Frank	Allegheny
CONCOOL, MD, Barry M	Bucks
CONDON, MD, Robert H	Delaware
CONDRON, MD, Brian P	Lancaster
CONE, MD, Alexander S	Allegheny
CONFER, MD, Elaine A	Cambria
CONFORTI, MD, William J	Westmoreland
CONGEDO, MD, Carol Z	Allegheny
CONKLIN, MD, James E	Allegheny
CONKLIN, MD, William T	Allegheny
CONLIN, MD, Edward F	Mercer
CONLY, MD, Frank L	Clinton
CONN, MD, Frank W	Bedford
CONN, MD, William V	Allegheny
CONNAUGHTON, MD, James F	Chester
CONNAUGHTON, MD, Patrick N	Lancaster
CONNELL, DANIEL C	Student
CONNELL, MD, Janet T	Chester
CONNELL, MD, Mark O	Bradford
CONNELL, MD, Thomas A	Philadelphia
CONNELLY, MD, Michael E	Mercer
CONNER, MD, Gary J	Allegheny
CONNER, MD, George H	Lebanon
CONNER, MD, J Hubert	Chester
CONNER, MD, Kenneth B	Dauphin
CONNERTON, MD, George E	Berks
CONNOLE, MD, John F	Blair
CONNOLLY, MD, David P	Allegheny
CONNOLLY, MD, Sandra M	Lancaster
CONNOLLY, DO, William S	Schuylkill
CONNOLLY JR, MD, John M	Bucks
CONNOR, MD, Susan A	Clarion
CONNORS, MD, Charles F	Lackawanna
CONNORS JR, MD, Earl K	Bucks
CONRAD, MD, Donald C	Dauphin
CONRAD, MD, James L	Bucks
CONRAD, MD, Joseph E	Schuylkill
CONRAD, MD, Rebecca S	Philadelphia
CONRAD, MD, Wayne R	Lancaster
CONRADY, MD, William E	Beaver
CONROY, DO, Ellen D	Delaware
CONROY, DO, James F	Philadelphia
CONROY, MD, Joseph V	Philadelphia
CONROY, WILLIAM P	Student
CONROY JR, DO, John D	Dauphin
CONSEVAGE, MD, Mary P	Dauphin
CONSLATO, PAUL M	Student
CONSOLI, MD, Deborah P	Berks
CONSTANTIN, MD, Luis	Lehigh
CONSTANTINE, MD, Ginger D	Delaware
CONSTANTINE, MD, Jay J	Delaware
CONSTANTINE, MD, Jill M	Westmoreland
CONTE, MD, Robert R	Westmoreland
CONTINO, MD, John A	Philadelphia
CONTOSTAVLOS, MD, Dimitri L	Delaware
CONTRACTOR, MD, Farhad M	Allegheny
CONWAY, MD, Cyril F	Lycoming
CONWAY, DANIEL H	Student
CONWELL, MARIA A	Student
COOK, MD, David G	Philadelphia
COOK, MD, David R	Allegheny
COOK, MD, Donald H	Chester
COOK, MD, James A	Montour
COOK, MD, Nicholas A	Northampton
COOK, MD, Ralph W	Fayette
COOK, MD, Randall C	Westmoreland
COOK, MD, Richard A	Fayette
COOK, MD, Richard P	Bucks
COOK, MD, Rosemary A	Philadelphia
COOK, MD, William L	Delaware
COOK IV, MD, Joseph W	York
COOKE, MD, Jacqueline P	Philadelphia
COOKE JR, MD, Alfred J	Lancaster
COOKSEY, MD, Stephen H	Allegheny
COOLIDGE, MD, William A	Tioga
COOMBE, MD, Raymond P	Philadelphia
COONEY, CHRISTOPHER G	Student
COONEY, MARINA J	Student
COOPER, MD, Colleen A	Monroe
COOPER, MD, David J	Chester
COOPER, MD, David R	Luzerne
COOPER, MD, Donald R	Philadelphia
COOPER, MD, Edward I	Philadelphia
COOPER, MD, Edward S	Philadelphia
COOPER, MD, Emmett M	Lancaster
COOPER, MD, Harold B	Schuylkill
COOPER, MD, Harry S	Philadelphia
COOPER, MD, Helen C	Luzerne
COOPER, MD, Homi S	Erie
COOPER, MD, Jeanne A	Allegheny
COOPER, MD, Joseph E	Luzerne
COOPER, MD, Joseph H	Delaware
COOPER, MD, Karen	Luzerne
COOPER, MD, Kenneth L	Lycoming
COOPER, MARJORIE R	Student
COOPER, MD, Mark W	Philadelphia
COOPER, MD, Martin	Philadelphia
COOPER, MD, Max M	Philadelphia
COOPER, MITCHELL E	Student
COOPER, MD, Murray S	Montgomery
COOPER, MD, Suzane C	Philadelphia
COOPER, MD, William H	Montour
COOPER, MD, William M	Allegheny
COOPER JR, MD, E Newbold	Delaware
COOPER JR, MD, Herbert K	Lancaster
COOPERMAN, MD, Lee H	Lehigh
COOPERSTEIN, DO, Mark S	Lancaster
COOPEY, MD, F Donald	Lebanon
COORAY, MD, Charles N	Allegheny
COOVER, MD, Leonard R	Erie
COPE, MD, Constantin	Philadelphia
COPE, MD, David A	Berks
COPE, MD, Donald I	Butler
COPE, MD, Edwin S	Carbon
COPELAND, MD, Adrian D	Philadelphia
COPELAND, MD, Charles E	Allegheny
COPPERMAN, MD, Gertrude	Philadelphia
COPPES, MD, Charles D	Philadelphia
COPPES JR, MD, John C	Centre
COPPOLO, MD, Bernard L	Elk / Cameron
COPPOLO JR, MD, Bernard L	Indiana
COPPULA, MD, Robert J	Washington
COPPULA, MD, William F	Allegheny
CORAZZA, MD, Leo J	Luzerne
CORBA, MD, Joseph S	Allegheny
CORBETT, MD, John M	Lawrence
CORCINO JR, MD, Baltazar L	Clearfield
CORCORAN, MD, Albert W	Allegheny
CORCORAN, MD, John J	Lancaster
CORCORAN, MD, Thomas A	Philadelphia
CORDELL JR, MD, Charles E	Allegheny
CORDERO, MD, Edgar C	Allegheny
CORDERO, MD, Hermelinda	Luzerne
CORDOBA, MD, Diego R	Armstrong
COREN, MD, Alfred B	Clearfield
COREN, MD, Gary S	Philadelphia
COREY, DO, Doris D	Chester
COREY, MD, Stephen H	Allegheny
CORFF, MD, Meyer	Philadelphia
CORKERY, DO, Thomas B	Allegheny
CORLEY, DOUGLAS A	Student
CORMAN, DO, Katherine E	Philadelphia
CORMAN, MD, Lev A	Philadelphia
CORMAN, MD, Paul M	Centre
CORNACCHIA, DO, Damian J	Delaware
CORNACCHIONE, DO, Mario J	Luzerne
CORNELL, MD, James F	Lehigh
CORNELL, MD, Lynne L	Erie
CORNFELD, MD, Mark J	Montgomery
CORNFIELD, MD, Dennis B	Philadelphia
CORNMAN III, MD, Henry D	Montgomery
CORONEL, MD, Carmencita J	Allegheny
COROSO, MD, Joseph G	Allegheny
CORPUZ JR, MD, Marcelo B	Allegheny
CORRADINO, MD, Gregory	Philadelphia
CORRADO, MD, Gail C	Chester
CORRADO JR, MD, Albert V	Allegheny
CORRADO JR, MD, Cataldo F	Fayette
CORRAL, MD, Celestino F	Allegheny
CORREA-MEYER, MD, Paulo M	Delaware
CORRIERE, MD, Marlene M	Philadelphia
CORRIGAN, MD, Dominic F	Montgomery
CORSELLO, MD, Guy R	Allegheny
CORSELLO, MD, Whitney C	Allegheny
CORSETTI, MD, John Robert	Philadelphia
CORSON, MD, Hampton P	Cambria
CORSON, MD, Joseph K	Philadelphia
CORSON, MD, Stephen L	Philadelphia
CORSON, MD, Thomas C	Columbia
CORTES JR, MD, Candido T	Crawford
CORTEZA, MD, Benjamin A	Columbia
CORTINOVIS, MD, Charles R	Washington
CORVASCE, MD, Joseph M	Philadelphia
CORWIN, MD, Douglas T	Washington
CORWIN JR, DOUGLAS T	Student
COSGROVE, MD, Douglas S	Philadelphia
COSGROVE, MD, James L	Allegheny
COSHAREK, MD, Robert F	Indiana
COSLETT, MD, Douglas Scott	Philadelphia
COSSROW, MD, Joel I	Beaver
COSTA, MD, Frank J	Allegheny
COSTA, MARC L	Student
COSTA, MD, Ronald E	Huntingdon
COSTA-GRECO, MD, Maria A	Allegheny
COSTACURTA, MD, Gary A	Philadelphia
COSTANTINO, MD, George N	Bucks
COSTANZA, MD, Agatha H	Northampton
COSTARINO, MD, Andrew T	Philadelphia
COSTELLO, MD, Ralph M	Westmoreland
COSTELLO JR, MD, John M	Montour
COTLER, MD, Jerome M	Philadelphia
COTLER, MD, Marc D	Montgomery
COTTER, JOHN T	Student
COTTINGTON, MD, G Malcolm	Butler
COTTLE, MD, Betty L	Blair
COTTLE, MD, Harold R	Blair
COTTON, ERIC K	Student
COTTONE, MD, Benjamin J	Lackawanna
COTTRELL, MD, David C	Northmbrland
COUCH, MD, F Boyd	Westmoreland
COULTER, MD, Clinton R	Clarion
COUNIHAN, MD, Katherine A	Allegheny
COURSIN, MD, David B	Lancaster
COURTNEY, MD, Drew E	Lebanon
COURTNEY, MD, William B	Westmoreland
COUSOUNIS, MD, Gerry T	Philadelphia
COVALESKY, MD, Veronica Ann	Philadelphia
COVALLA, MD, John R	Clearfield
COVAN, DO, Steven I	Philadelphia
COVATTO, ROSEANN H	Student
COVER, MD, Kenneth L	Allegheny
COVERDALE III, MD, Edward J	Bucks
COVINGTON, MD, Darell T	Monroe
COWAN, MD, Michael L	Lancaster
COWAN, MD, Thomas W	Allegheny
COWDERY, MD, Susan L	Philadelphia
COWGER, MD, David L	Cambria
COWITZ, MD, Bernard	Philadelphia
COWLEY, MD, Allen W	Dauphin
COX, MD, Jack L	Beaver
COX, MD, James L	Philadelphia
COX, MD, Laurie A	Mifflin / Juni
COX, MD, Paul A	Cumberland
COX, MD, Ralph L	Fayette
COX, MD, Walter R	Washington
COX-JONES, MD, Carla L	Allegheny
COYLE, MD, John J	Luzerne
COYLE, MD, Robert M	Allegheny
COYLE, MD, Sophie J	Allegheny
COYLE, MD, Thomas J	Bucks
COYLE, MD, William A	Delaware
COYLE, MD, William P	Washington
COYNE, MD, Veronica E	Bucks
COZINE, MD, Richard A	Lycoming
COZZA, DO, Joann C	Philadelphia
COZZA JR, MD, Michael R	Beaver
COZZARELLI, MD, James D	Montgomery
COZZONE, DO, Monica L	Luzerne
CRAGO, MD, H Robert	Mercer
CRAIG, DONNA J	Student
CRAIG, MD, Paul C	Berks
CRAIG, MD, Richard A	York
CRAIN, MD, Richard H	Allegheny
CRAKE, MD, Roger F	Columbia
CRAM, MD, Robert H	Delaware
CRAMER, DO, David I	Centre
CRAMP, MD, Lloyd L	Berks
CRAMTON, MD, David C	Luzerne
CRANDALL, MD, Theodore L	Allegheny
CRANDALL, MD, Tonie L	Berks
CRANDALL III, MD, Richard A	Lancaster
CRANE, MD, A Reynolds	Philadelphia
CRANE, MD, Nathan	Delaware
CRAPARO, MD, Jocelyn L	Delaware
CRASNER, DO, Stefanie C	Philadelphia
CRASTNOPOL, MD, David H	Bucks
CRAVETZ, MD, Howard	Montgomery
CRAWFORD, MD, Donald G	Dauphin
CRAWFORD, MD, George A	Franklin
CRAWFORD, JAMES E	Student
CRAWFORD, MD, Robin Ann	Philadelphia

CRAWFORD JR, MD, Ralph W Blair
CREARY, MD, Paul J Dauphin
CREECH, MD, Richard H Philadelphia
CREIGHTON JR, MD, Daniel K Mifflin/Juni
CRELL, DO, Andrew M Delaware
CREPPS JR, MD, Joseph T Westmoreland
CREPS, STEVEN R Student
CRETEKOS, MD, Constantine J Allegheny
CRETELLA, MD, Thomas S Columbia
CREWS, DO, Nan I Lebanon
CRICHLOW, MD, Amril G Allegheny
CRIDER, MD, Donald B Blair
CRIEP, MD, Leo H Allegheny
CRILL, MD, Norman C Lancaster
CRILLEY, DO, Pamela Ann Philadelphia
CRISPEN, MD, James F Dauphin
CRISPEN, MD, John W Adams
CRISPINO, MD, Charles M Allegheny
CRISTOL, MD, James L Philadelphia
CRITS, MD, Harry J Montgomery
CRITTENDEN, MD, Donald W Bucks
CRIVARO, MD, Michael A Montgomery
CROCK, MD, Frederick W Allegheny
CROCKETT, MD, Barbara A Delaware
CROCKETT, MD, Catharine J Philadelphia
CROCKETT, DOUG E Student
CROCKETT, MD, Robert A Allegheny
CROLEY, MD, James T Schuylkill
CROLL, MD, Millard N Philadelphia
CROLL, MD, Scott D Lehigh
CROLL, TRACY L Student
CRONIN, MD, Dennis W Philadelphia
CRONKEY, MD, Joseph E Lackawanna
CRONLEY, MD, Shea Ann Philadelphia
CROSS, MD, Raquel Erie
CROSS JR, MD, Samuel Armstrong
CROSSETT, MD, Lawrence S Philadelphia
CROTEAU, MD, J Russell Dauphin
CROTHERS, MD, W Gifford Delaware
CROUSE, MD, George W Westmoreland
CROVATTO, MD, Arthur C York
CROWDER III, ROWE S Student
CROWELL, MD, Judith E Allegheny
CROWLEY, KURT R Student
CROWLEY, MD, Patricia A Allegheny
CROYLE, MD, Ray W Westmoreland
CROYLE EXEC SEC, LUANN Armstrong
CROZIER, MD, Kelley S Philadelphia
CRUCIANI, MD, Mark Lackawanna
CRUCIANI JR, MD, Dominick A Lackawanna
CRUDO, MD, Chito M Westmoreland
CRUFT, MD, George E Philadelphia
CRUMRINE, MD, Richard S Beaver
CRUZ, MD, Alexander C Montgomery
CRUZ, MD, Edgardo S Lehigh
CRUZ, MD, Rogelio A Erie
CRUZ JR, MD, Moises B Potter
CRYER, MD, Theodore H Franklin
CRYSTLE, MD, C Deans Lancaster
CSERNAK, MD, Laszlo J Allegheny
CSIKOS, MD, David A Cambria
CSIR, MD, Floyd M Erie
CUBLER, MD, Edward W Schuylkill
CUCINOTTA, MD, Salvatore Philadelphia
CUDDEBACK, MD, Thomas J Allegheny
CUDDY, MD, Vincent D Beaver
CUISON, MD, Navora G Delaware
CUISON, MD, Sergio Q Delaware
CULBERTSON, MD, Clayton E Washington
CULF, MD, Norris K Philadelphia
CULIG, MD, Carl A Allegheny
CULIG, MD, Michael H Allegheny
CULLEN, MD, Esker W Centre
CULLEN, DO, Thomas E Franklin
CULLEY, MD, Andrew W Beaver
CULOTTA, MD, Dominic A Bucks
CULP, MD, Bruce R Lackawanna
CUMMINGS, MD, Robert V Allegheny
CUNNANE, MD, Mary F Philadelphia
CUNNINGHAM, HETTY Student
CUNNINGHAM, MD, J David Montgomery
CUNNINGHAM, MD, Peter L Northampton
CUNNINGHAM, MD, William L Washington
CURCI, MD, Joseph J Bucks
CURCIO III, MD, Frederick D Dauphin
CURLEY, MD, Henry E Allegheny
CURLEY, DO, John F Philadelphia
CURRAN, MD, Marilyn R Montgomery
CURRAN, MD, Ronald D Allegheny
CURRID, MD, Aideen M Montour
CURRIE, MD, Philip W Westmoreland
CURRIE, MD, Richard J Philadelphia
CURRY, MD, Ken L Montour
CURRY, MD, Thomas A Schuylkill
CURTIN, MD, Charles T Lackawanna
CURTIN, MD, Eugene A Lackawanna
CURTIN, MD, Hugh D Allegheny
CURTIN, MD, John J Philadelphia
CURTIS, MD, James L Montour
CURY, MD, George M Westmoreland
CUSANO, DO, Wilbert A Allegheny
CUSTER, MD, Christopher C Mifflin/Juni
CUSTODIO, MD, Edgardo C Lehigh
CUTLER, MD, Charles Montgomery
CUTLER, MD, Irvin Philadelphia
CUTLER, MD, John C Allegheny
CUTLER, MD, Neil Philadelphia
CUTLER, MD, Robert S Chester
CUTLER, MD, Stanley M Allegheny
CUTRY, MD, Joseph J Potter
CUTULY, MD, Eugene Allegheny
CWIK, MD, John C Cambria
CYGAN, MD, David J Allegheny
CYNN, MD, Won S Philadelphia
CYPHER, MD, Ronald L Butler
CZARNECKI, MD, Casimir Philadelphia
CZARNECKI, MD, Dorothy G Philadelphia
CZUBA, MD, Michael T Greene
CZWALINA, DO, Robert Luzerne

D

D'ALONZO, MD, Walter A Philadelphia
D'AMORE, MD, David L Mercer
D'ANCA, MD, Alfred F Luzerne
D'EMILIO, MD, Terrance A Westmoreland
DABANIAN, MD, Lisa J Bucks
DABB, MD, Richard W York
DABBACK, MD, Dewitt T Chester
DABROW, MD, Sharon M Philadelphia
DACOSTA, MD, John B Allegheny
DADDARIO, MD, Richard T Bucks
DADPARVAR, MD, Simin D Philadelphia
DAFTARY, MD, Sudhir R Lawrence
DAGEN, MD, J Edward Cumberland
DAGEN, DO, Rose M Franklin
DAGHESTANI, MD, Aiman N Crawford
DAGHIR, MD, John N Chester
DAGOSTINO, MD, Frank J Northampton
DAGOSTINO, MD, Valentino Luzerne
DAHLEM, MD, Stepehn T Philadelphia
DAHLEN, DEBRA D Student
DAHLKE, MD, Andrew W Philadelphia
DAHMUS, MD, Robert R Dauphin
DAHODWALA, MD, Nisrin Q Philadelphia
DAIL, MD, Eric M Erie
DAILEY, MD, Edward G Dauphin
DAILEY, MD, Ellen E Erie
DAIT, MD, Jose E Carbon
DAITER, MD, Donald Philadelphia
DALBY, MD, Patricia L Allegheny
DALE, MD, Anthony D Philadelphia
DALE, MD, Caroline G Allegheny
DALE JR, MD, Hiram T Northampton
DALEY, MD, Marvin C Lancaster
DALPE, MD, Jean N Allegheny
DALRYMPLE, MD, W Howard Delaware
DALTNER, MD, Lynn Philadelphia
DALTON, MD, John R Philadelphia
DALY, MD, Christopher J Allegheny
DALY, MD, Christopher X Montgomery
DALY, MD, David G Berks
DALY, MD, John M Philadelphia
DALY, MD, Michael J Allegheny
DALY, MD, Thomas J Montgomery
DALY JR, MD, Francis T Clinton
DALY JR, MD, James F Dauphin
DALY JR, MD, Richard H York
DAMANDA, MD, Christopher Philadelphia
DAMANI, MD, Malti P Bucks
DAMATO, THOMAS A Student
DAMAZO, MD, Elpidio D Beaver
DAMAZO, MD, Natividad S Beaver
DAMESHEK, MD, H Lee Allegheny
DAMIANO, DO, John A Lancaster
DAMIANO, MD, Robert E Chester
DAMICO, ANTHONY V Student
DAMITZ, LYNN A Student
DAMJANOV, MD, Nevena Dauphin
DAMSKER, MD, Jeffrey I Philadelphia
DANAEE, MD, Nosratollah Allegheny
DANDEGIAN, ALBERT N Student
DANDREA, LINDA A Student
DANDREA, MD, Raymond L Cambria
DANDREA-SPICA, MD, Marilyn Lancaster
DANES, MD, Peter M Allegheny
DANESHDOOST, MD, Ghodrat O Westmoreland
DANFORTH, MD, Nicholas Montour
DANGELO, MD, George J Erie
DANIELE, MD, Joseph Q Erie
DANIELS, MD, Dan Jefferson
DANIELS, FELICIA B Student
DANIELS, MD, Maurice N Montgomery
DANIELS, MD, Michael O Cumberland
DANISHANKO, MD, Albert G Luzerne
DANKMYER, MD, Frederick L Schuylkill
DANKO, MD, Eugene T Allegheny
DANNEKER, MD, Dale A Centre
DANNENBURG, MD, Arthur M Philadelphia
DANOFF, MD, David M Montgomery
DANOFF, MD, Mike Allegheny
DANTE, MD, Stephen J Montgomery
DANTONIO, MD, James A Allegheny
DANYO, MD, J Joseph York
DANYO JR, J JOSEPH Student
DANZI, MD, Joseph T Bradford
DANZIS, DO, Jeffrey J Bucks
DARDES, DO, Nicholas P Lackawanna
DARKES, MD, William Schuylkill
DARLING, MD, James L Berks
DARNELL, MD, Richard I Bucks
DAROWISH, DO, Charles E Dauphin
DARRELL, MD, John C Allegheny
DAS, MD, Nirode C Luzerne
DASCHER JR, MD, John J Montgomery
DASHE, MD, John F Philadelphia
DASHE, MD, Myer M Berks
DASHER, JAMES Student
DASTUR, MD, Khurshed J Allegheny
DATTA, MD, Satya P Montgomery
DATTA, MD, Tapan D Westmoreland
DATTILO, MD, James T Allegheny
DAUGHERTY, MD, Donald York
DAULER, MD, Thomas P Centre
DAUM, MD, Gary S Delaware
DAURIA, MD, Thomas M Fayette
DAVE, MD, Deepak V Philadelphia
DAVID, MD, Arthur Erie
DAVID, MD, Irving B Allegheny
DAVID, MD, Jeffrey W Armstrong
DAVIDES, MD, Kyriakos C Allegheny
DAVIDHEISER, SHARON I Student
DAVIDOFF, MD, Frank F Philadelphia
DAVIDOWSKI, MD, Thomas A Centre
DAVIDSON, MD, Gary M Cambria
DAVIDSON, MD, Jay H Philadelphia
DAVIDSON, MD, Paul R Lancaster
DAVIDSON, MD, Richard S Philadelphia
DAVIDSON, MD, Steven J Philadelphia
DAVIDSON, MD, Wallace L Montgomery
DAVIDSON JR, MD, William R Lebanon
DAVIE, MD, Frank M Westmoreland
DAVIES, MD, Thomas E Tioga
DAVILA, ALVARO D Student
DAVILA, RENE Student
DAVINE, JOHN E Student
DAVIS, MD, Allan S Lancaster
DAVIS, MD, C Nelson Philadelphia
DAVIS, MD, Carrie Beth Philadelphia
DAVIS, MD, Daniel T Luzerne
DAVIS, MD, Dennis Washington
DAVIS, MD, Donald D Allegheny
DAVIS, MD, Duane E Montour
DAVIS, MD, Earl C York
DAVIS, MD, Earle R Allegheny
DAVIS, MD, Edward W Montgomery
DAVIS, MD, H Robert Cumberland
DAVIS, MD, Harold J Lackawanna
DAVIS, MD, Harriet J Bucks
DAVIS, MD, Helen A P Westmoreland
DAVIS, MD, Irene B Lancaster
DAVIS, MD, J Mostyn Montour
DAVIS, MD, James H York
DAVIS, MD, James K Cambria
DAVIS, MD, John W Philadelphia
DAVIS, DO, Lee W Lackawanna
DAVIS, DO, Mitchell N Lancaster
DAVIS, DO, Neal M Luzerne
DAVIS, MD, Peter L Allegheny
DAVIS, MD, Raymond C Susquehanna
DAVIS, MD, Richard L Dauphin
DAVIS, MD, Robert H Dauphin
DAVIS, MD, Robert M York
DAVIS, MD, Sidney Union
DAVIS, MD, Stephen J Dauphin
DAVIS, MD, Stuart M Tioga
DAVIS, TAMMI D Student
DAVIS, MD, Thomas S Dauphin
DAVIS, MD, Toye G Chester
DAVIS, MD, William F Wayne/Pike
DAVIS, MD, William L Franklin
DAVIS, MD, William S Dauphin
DAVIS JR, MD, Edward T Beaver
DAVIS JR, MD, Robert V Lackawanna
DAVISS, MD, Steven R Allegheny
DAVITCH, MD, Leonard S Philadelphia
DAVNE, MD, Sanford H Philadelphia
DAVOLI, MD, Robert L Westmoreland
DAWGERT, MD, F Dennis Lackawanna
DAWSON, E SCOTT Student
DAWSON, MD, Michael H O Schuylkill
DAWSON, MD, Reese E Allegheny
DAY, MD, Richard G Philadelphia
DAY JR, MD, Richard W Allegheny
DAY JR, MD, Robert E Montgomery
DE, MD, Nirmal K Philadelphia
DEAN, MD, Robert J Allegheny
DEANGELIS, DO, Patricia A Lehigh
DEARDORFF, MD, Charles L Lancaster
DEAROLF III, MD, Walter W Montgomery
DEAS, MD, Thomas C Philadelphia
DEBACCO, PAUL Student
DEBENEDICTIS, MD, Kenneth J Berks
DEBERARDINIS, MD, Camillo T Philadelphia
DEBIAS, MD, Dennis A Montgomery
DEBIASSE, MD, Timothy A Westmoreland
DEBONIS, MD, Charles S Luzerne
DEBRAKELEER, DONALD J Student
DEBROFF, MD, Brian M Allegheny
DEBUQUE, DO, Jeffery A Luzerne
DECARLO, MD, John P Philadelphia
DECARLO, DO, Peter J Lancaster
DECARO, MD, Joseph A Delaware
DECARO, MD, Matthew V Philadelphia
DECASPERIS, MD, Anthony J Philadelphia
DECASTRO, MD, Miguel A Philadelphia
DECASTRO, MD, Nieves D Philadelphia
DECHERNEY, MD, William A Philadelphia
DECHURCH, MD, Frances E Montour
DECILLIS, MD, Arthur P Allegheny
DECKER, DO, Eugene M Northampton
DECKER, MD, John P Philadelphia
DECKER, MD, Peter G Luzerne
DECKER, MD, Richard L Blair
DECKER, MD, Steven E Montgomery
DECOSMO, MD, Vincent J Westmoreland
DECURTIS, MD, George M Luzerne
DEDHIA, MD, Champak Luzerne
DEE, MD, Cecilio C Mckean
DEEB, MD, Ramon J Lehigh
DEEMS, DANIEL A Student
DEES-PORCH, MD, Frances Delaware
DEFABO, MD, Francis L Allegheny
DEFELICE, MD, Peggy L Philadelphia
DEFRANCESCO, MD, Charles A Westmoreland
DEFRANCISCO, MD, Lance C Blair
DEFRANCISCO, MD, Mary E Montgomery
DEFRANCO, MD, Albert B Northampton
DEFRANCO, MD, Joseph M Erie
DEGENNARO, MD, Louis P Lackawanna
DEGENNARO, MD, Patrick J Luzerne
DEGIOVANNI, MD, Lesley Allegheny
DEGREEN, MD, Hyatt P Lancaster
DEGREGORIO, MD, Nicholas Allegheny
DEGREGORY, DO, Thomas R Westmoreland
DEGROOF, MD, Ellen P L Bucks
DEGUZMAN-CAM, MD, Brigida Delaware
DEHAAS, MD, David R Washington
DEHART, MD, David A Allegheny
DEHORATIUS, MD, Raphael F Philadelphia
DEHORATIUS, MD, Raphael J Philadelphia
DEIBERT, MD, David C Berks
DEIBERT, MD, Edward B Northampton
DEILY, MD, Raymond E Northampton
DEIMEL, MD, Joseph F Erie
DEIN, MD, Robert A Montgomery
DEININGER, MD, John T Philadelphia
DEISHER, MD, Samuel W York
DEITCH, MD, Bernard Philadelphia
DEITCH, MD, Marc W Philadelphia
DEITRICK, DAVID J Student
DEITRICK, MD, John E Montour
DEITRICK, MD, Richard E Allegheny
DEITRICK JR, MD, George A Northmbrland
DEITZ III, MD, George W Montgomery
DEITZLER, MD, Margaret M Philadelphia
DEJESUS, MD, Robert Westmoreland
DEJESUS JR, MD, Roman Y Beaver
DEJOSEPH, MD, Robert L Luzerne
DEKONING, MD, Johannes L Blair
DEKRET, MD, Jeffrey J Philadelphia
DEKRUIF, MD, Hendrik Crawford
DELA TORRE, MD, Henry G Jefferson
DELACRUZ, MD, Apolinar D Montgomery
DELACRUZ, MD, Silvestre S Dauphin
DELAFUENTE, MD, Carlos F Dauphin
DELAHANTY, MD, Kevin C Allegheny
DELAPLANE, MD, James M Philadelphia
DELASALAS, MD, Ernesto M Bedford
DELAURENTIS, MD, Dominic A Philadelphia
DELBIANCO, MD, Paul R Allegheny
DELCASTILLO, MD, Juan J Northmbrland
DELEHANTY, MD, Thomas J Luzerne
DELEO, MD, Caesar A Lackawanna
DELEO, MD, Nicholas V Lackawanna
DELERME, MD, Augusto N Blair
DELGADO, MD, Juan F Northmbrland
DELGATTO, MD, Louis J Columbia
DELGAUDIO, MD, Walter Luzerne
DELGRANDE, MD, Richard E Beaver
DELGRIPPO, MD, Gerard A Clinton
DELGRIPPO JR, MD, Gerard A Allegheny
DELGUERCIO, MD, Edmund T Delaware
DELLA ROSA JR, MD, John J Luzerne
DELLAVECCHIA, MD, Michael A Montgomery
DELLINGER, MD, Kay A Cumberland
DELLINGER, MD, Robert K Berks
DELOGLOS, MD, Gust Allegheny
DELONE JR, MD, Charles A Dauphin
DELONE JR, MD, Francis X Delaware
DELONG, MD, Brian S Dauphin
DELONG, MD, Stephen R Allegheny
DELONG JR, MD, William G Philadelphia
DELP, MD, Charles W Schuylkill
DELP, MD, Richard U Columbia
DELP, MD, William T York
DELP JR, MD, Charles W Montgomery
DELROSARIO, ROBERT G Student
DELROSARIO, MD, Vivencio G Dauphin
DELSERONE, MD, Eugene W Allegheny
DELSERRA, MD, Joseph J Lackawanna
DELVECCHIO, MD, Fredesuinda P Bucks
DELVECCHIO, MD, Leonard M Berks
DELVECCHIO JR, MD, Leonard M Mifflin/Juni
DEMACOPOULOS, MD, Nicola D Montgomery
DEMANGONE, MD, Michael J Allegheny
DEMARCO, MD, Carlo M Philadelphia
DEMARCO, MD, James C Delaware
DEMARCO, MD, John J Erie
DEMARCO, MD, Lucinda Montgomery
DEMARIA JR, MD, Peter A Philadelphia
DEMARINO, MD, David P Allegheny
DEMARIO JR, MD, Ralph C Lackawanna
DEMASI, MD, Pantaleone Philadelphia
DEMASI, MD, Rocco J York
DEMATTEIS, MD, James A Erie
DEMBY, MD, Dennis M Butler
DEMEDIO, MD, Gabriel A Allegheny
DEMENEZES, MD, Jose E Philadelphia
DEMEZZA, MD, Angelo Westmoreland
DEMICHELE, ANDREW H Student
DEMICHELE, MICHAEL A Student
DEMILIO, MD, Mary T York
DEMKO, MD, Joseph N Lackawanna

DEMOPOULOS, MD, James T	Philadelphia
DEMOS, MD, Jack	Allegheny
DEMOURA, MD, Jamilo B	Philadelphia
DEMPSEY, MD, Eugene C	Philadelphia
DEMPSEY, MD, William J	Lackawanna
DEMPSHER, MD, John	Chester
DEMUTH, MD, Cynthia T	Dauphin
DEMUTH, MD, William W	Dauphin
DEMUTH JR, MD, William E	Cumberland
DENARO, MD, Anthony T	Luzerne
DENBY, MD, Robert A	Berks
DENCH JR, MD, Edward H	Centre
DENDE, DO, Paul F	Lackawanna
DENGLER, MD, Ernest H	Berks
DENIER, MD, James M	Luzerne
DENIS, MD, Leonard J	Lackawanna
DENIZARD, MD, Carl E	Philadelphia
DENLINGER, MD, John K	Lancaster
DENNEHY, MD, John J	Montour
DENNIS, MD, James B	Columbia
DENT, MD, Thomas L	Montgomery
DENTE, MD, Joseph B	Lackawanna
DEOL, MD, Jasbir S	Northampton
DEPACE, MD, Nicholas L	Philadelphia
DEPAMPHILIS, MD, Hy J	York
DEPAOLI, MD, Rosemary T	Columbia
DEPAULA, MD, Carl J	Philadelphia
DEPENA, MD, Charles A	Bucks
DEPETRO, JOSEPH J	Student
DEPIETRO, FRANK R	Student
DEPILLIS, MD, Vincent J	Montgomery
DEPPE, MD, Scott A	Allegheny
DEPRISCO, DO, John	Philadelphia
DEQUEVEDO, MD, Robert F	Monroe
DERAMON, RICHARD A	Student
DERASSE, MD, Alain R	Northampton
DERASSE, MD, Judith R	Northampton
DERBYSHIRE, MD, Garrett J	Philadelphia
DERENZO, MD, Aurelio G	Philadelphia
DEREWITZ, MD, Daniel L	York
DERIENZO, MD, Umberto A	Washington
DERIGGI, LEONARD A	Student
DERISO, MD, Barbara M	Allegheny
DERIVAN, MD, Albert T	Delaware
DERIVAS, MD, Carmela F	Montgomery
DERKRIKORIAN, MD, Hagop L	Delaware
DEROJAS, MD, Juan J	Luzerne
DERON, DO, Scott J	Lancaster
DEROSE, DAVID A	Student
DERR, MD, Craig A	Berks
DERR, MD, Frederick S	Union
DERR, DO, Jose F	Columbia
DERR, MD, Russell H	Lancaster
DERRICK, MD, Bruce M	Bucks
DERSH, MD, Jerome	Berks
DERSHAW, MD, Bruce B	Bucks
DERSTINE, MD, Ralph L	Montgomery
DERSTINE, TIMOTHY H	Student
DESAI, MD, Ajit M	Philadelphia
DESAI, MD, Ansuya M	Montgomery
DESAI, MD, Arundev D	Lackawanna
DESAI, MD, Arvind D	Lackawanna
DESAI, MD, Jitendra M	Allegheny
DESAI, MD, Kashmira A	Lackawanna
DESAI, MD, Kiritkumar T	Philadelphia
DESAI, MD, Meena B	Lackawanna
DESAI, MD, Mohan G	Montgomery
DESAI, DO, Pragnesh A	Philadelphia
DESAI, MD, Saryu J	Allegheny
DESAI, MD, Shirishkumar B	Fayette
DESAI, MD, Shivraj J	Montgomery
DESALVO, GARY J	Student
DESANCTIS JR, MD, Joseph J	Berks
DESANTIS, MD, Donna M	Philadelphia
DESANTIS, MD, Luigi	Bucks
DESANTIS, MD, Peter L	Mercer
DESANTOLA, MD, Joseph R	Philadelphia
DESANTOS, MD, Marcelino A	Bucks
DESHMUKH, MD, Narayan	Bradford
DESHPANDE, MD, Asha S	Warren
DESHPANDE, MD, Sharadchandra	Erie
DESHPANDE, MD, Vilas K	Lehigh
DESIMONE, MD, John S	Westmoreland
DESIMONE, RENEE A	Student
DESIO, MD, Felix J	Bradford
DESJARDINS, MD, George P	Berks
DESOUZA-SANDERS, MD, Kelly R	Philadelphia
DESPREAUX, MICHELE A	Student
DESSEN, MD, Edgar L	Luzerne
DETAR, DO, D Todd	Montgomery
DETERS, MD, Robert L	Allegheny
DETHOFF, MD, John C	Berks
DETHOMAS, MD, Ronald S	Mifflin/Juni
DETKE, MICHAEL J	Student
DETRE, MD, Thomas	Allegheny
DETUERK, MD, John J	Philadelphia
DETULLIO, MD, Anthony E	Philadelphia
DETWEILER, MD, Thomas C	Montgomery
DETWEILER, EXEC SEC, John S	Bucks
DEUBNER, MD, David C	Philadelphia
DEUNE, MD, E Gene	Centre
DEUTSCH, MD, Joel	Philadelphia
DEUTSCH, MD, Melvin	Allegheny
DEUTSCH JR, MD, E Thomas	Chester
DEVABHAKTUNI, MD, Raghu V	Luzerne
DEVAN, MD, W Todd	York
DEVAUGHN, MD, Gerald L	Philadelphia
DEVENNEY, MD, John E	Montgomery
DEVENUTO JR, MD, Joseph J	Bucks
DEVINE, MD, Jean K	Montgomery
DEVINE, MD, Michael F	Montgomery
DEVINE, MD, Peter J	Philadelphia
DEVINE, MD, Raylene A	Berks
DEVINE, MD, Terence M	Bradford
DEVINENI, MD, Rajsekhar	Luzerne
DEVINEY, MD, John P	Montgomery
DEVITA, MD, Dennis M	Mifflin/Juni
DEVITA, MD, Michael L	Mifflin/Juni
DEVITTORIO, MD, Armond A	Jefferson
DEVLIN, MD, James E	Jefferson
DEVRIES, MD, Jan R J	Somerset
DEVRYER, MD, Johanna M	Allegheny
DEWAR II, MD, William R	Wayne/Pike
DEWAR III, MD, William R	Wayne/Pike
DEWIS, MD, Lester S	Chester
DEX, MD, Walter J	Lehigh
DEYSHER, DO, David P	Indiana
DHADUK, MD, Vithalbhai D	Lackawanna
DHAGAT, MD, Satishchandra	Beaver
DHALIWAL, MD, Ranjit S	Erie
DHAWAN, MD, Ram L	Allegheny
DHAWER, MD, Virender P S	Cambria
DHEEN, MD, Mohamed H R	Lawrence
DHURIA, MD, Manisha	Philadelphia
DIAKIW, MD, John	Lackawanna
DIAMANT, ALLISON	Student
DIAMANTONI, MD, Stephen G	Lancaster
DIAMOND, MD, B Franklin	Montgomery
DIAMOND, MD, Daniel L	Allegheny
DIAMOND, MD, Herbert S	Allegheny
DIAMOND, MD, Mark	Allegheny
DIAMOND, MD, Paul M	Wayne/Pike
DIAMOND, MD, Stephanie P	Dauphin
DIAMOND, DO, Steven M	Northampton
DIAS, MD, Susan P	Philadelphia
DIAZ, MD, Floriel P	Carbon
DIAZ, MD, Renato T	Luzerne
DIBAGNO, MD, Geno J	Allegheny
DIBATTISTE, MD, Peter M	Philadelphia
DIBELLO, MD, Angelo M	Philadelphia
DIBELLO JR, MD, Joseph N	Philadelphia
DIBENEDETTO, MD, Thomas D	Lehigh
DIBENEDITTO, MD, Joseph P	Delaware
DIBERT, MD, Lawrence W	Blair
DICASIMIRRO, MD, John A	York
DICENZO, DO, Frank D	Allegheny
DICKENS, MD, Helen O	Philadelphia
DICKEY, MD, Robert F	Montour
DICKINSON, MD, Peter A	Allegheny
DICKSON JR, MD, Thomas B	Lehigh
DICKSTEIN, MD, Benjamin	Philadelphia
DICOLA, MD, Nancy M	Allegheny
DICUCCIO, MD, Nicholas W	Clinton
DICUCCIO, MD, William A	Butler
DIDDLE, MD, Kenneth W	Westmoreland
DIEDERICH, MD, Charles F	Allegheny
DIEFES, GERARD J	Student
DIEGO, MD, Joaquin N	Philadelphia
DIENER, MD, Ian L	Montgomery
DIENHART, MD, Karl J	Bradford
DIETEMAN, MD, David F	Erie
DIETRICH, MD, Henry T	Clinton
DIETRICH, DO, Leonard M	Berks
DIETRICH, DO, Malcolm H	York
DIETRICH, DO, Marcia C	Berks
DIETRICH, MD, Scott A	Berks
DIETRICH, MD, Warren C	Northampton
DIETRICK, MD, Ronald A	Blair
DIETTE, GREGORY B	Student
DIEZ, MD, Charles M	Allegheny
DIFAZIO JR, LOUIS T	Student
DIFFENDERFER, DO, Judith E	York
DIFIORI, MD, John P	Lancaster
DIFRISCHIA, DANIEL S	Student
DIGERGORIO, MD, Guerino J	Chester
DIGIACOMO, MD, Jody C	Bucks
DIGIACOMO, MD, Oscar P	Philadelphia
DIGIACOMO, MD, Paul R	Lebanon
DIGIACOMO JR, MD, Philip J	Montgomery
DIGILIO, MD, Victor A	Philadelphia
DIGIOVANNI, MD, Anthony J	Delaware
DIGIOVANNI, MD, Robert J	Delaware
DIGIOVANNI, MD, Susan R	Dauphin
DIGIOVANNI, MD, Vincent J	Luzerne
DIGNAZIO, MD, Michael A	Philadelphia
DIGREGORIO, MD, Kenneth J	Allegheny
DIILIO, MD, Richard P	Allegheny
DIIORIO, MD, Emil J	Northampton
DILANGALEN, MD, Lina F	Allegheny
DILCHER, MD, Robert H	Lehigh
DILEO, MD, Dominic W	Fayette
DILEONARDO, MD, Mario	Philadelphia
DILIBERTO, DO, Thomas A	Delaware
DILLINGER, MD, Ellen M	Allegheny
DILLON, MD, Daniel J	Allegheny
DILLON, MD, Richard S	Montgomery
DILLOW, MD, Ronald W	Greene
DIMAGGIO, MD, Olivia T	Delaware
DIMAIO, MD, F H Paul	Clarion
DIMARCO, DO, Anthony E	Delaware
DIMARCO, MD, Ross F	Allegheny
DIMARINO, MD, Anthony J	Philadelphia
DIMASI, DO, Robert E	Erie
DIMAURO, MD, Cynthia L	Allegheny
DIMEGLIO, LINDA A	Student
DIMICK, MD, Dean F	Lehigh
DIMILILER, MD, Ismail	Northmbrland
DIMITSOPULOS, MD, Dimitri	Allegheny
DIMOIA, MD, Margaret M	Bucks
DIMONTE, MD, Diane K	Chester
DINEEN, MD, Francis A	Allegheny
DINGER, MD, John M	Blair
DINICOLA, MD, Arthur N	Schuylkill
DINNOCENZO, RICHARD A	Student
DINON, MD, Louis R	Philadelphia
DINSMORE, MD, Harry H	Jefferson
DINUBILE, MD, Nicholas A	Philadelphia
DINULOS, MD, Baltazar T	Lebanon
DINULOS, MARYBETH	Student
DION, MD, Harry S	Philadelphia
DIORIO, MD, James P	Luzerne
DIORIO, MD, Norina M	Luzerne
DIPAOLA, MD, Douglas J	Allegheny
DIPAOLO, MD, Jeffrey C	Philadelphia
DIPPERY, MD, Lee M	Blair
DIPPOLITO, MD, Anthony D	Northampton
DIRENZO, MD, Dennis P	Berks
DIRIENZO, MD, Enrico J	Bucks
DIRKS, MD, Susan J	Allegheny
DIRNBERGER, DO, Thomas	Schuylkill
DIROCCO, MD, Vincent P	Philadelphia
DIRUSSO, GREGORY B	Student
DISALVO, MD, Barbara A	Northampton
DISALVO, MD, Eugene I	Northampton
DISANDRO, DANIEL G	Student
DISANTO, DO, Lisa M	Dauphin
DISANTO, MD, Susan K	Dauphin
DISHART, MD, Michael K	Allegheny
DISHART, MD, Paul W	Allegheny
DISHMAN, MD, Leonardo	Philadelphia
DISICK, MD, Solomon	Centre
DISILVESTRO, MD, Helen E	Philadelphia
DISILVESTRO JR, MD, John M A	Philadelphia
DISILVIO, MD, Thomas V	Lackawanna
DISIMONE, MD, Ronald E	Philadelphia
DISTEFANO, MD, Grimaldo C	Philadelphia
DITANO, MD, Oriente	Student
DITARANTO, MICHAEL A	Student
DITMARS, MD, Douglas D	Northampton
DITOPPA, DO, Louis A	Allegheny
DITTMAN, MD, Thomas H	Luzerne
DITTMAR, MD, Stuart W	Franklin
DITTRICH, DO, Richard J	Philadelphia
DITUNNO, MD, John F	Philadelphia
DIWAN, MD, Kanta	Delaware
DIWAN, MD, Satyendra K	Delaware
DIX JR, MD, Robert C	Union
DIXIT, MD, Niranjan D	Fayette
DIXON, MD, Garrett W	Venango
DIXON, MD, Harold L	Philadelphia
DIXON, MD, Richard H	Centre
DIXON, MD, Robert E	Mifflin/Juni
DIZON, MD, Gaudencio S	Carbon
DJERASSI, MD, Isaac	Philadelphia
DLIN, MD, Barney M	Philadelphia
DLUTOWSKI, MD, Bernard J	Philadelphia
DLUZANSKY, MD, James J	Blair
DOBAY III, KAROLY J	Student
DOBISH, MD, Mark P	Franklin
DOBKIN, MD, Larry A	Allegheny
DOBLE II, MD, Henry P	Mercer
DOBLER, MD, James C	Allegheny
DOBLER, MD, Lee C	Allegheny
DOBROSKY, MD, Joseph D	Northampton
DOBROTA, MD, John S	Bucks
DOCKTOR, MD, John W	York
DOCTOR, MD, Allan	Allegheny
DODD, MD, Stephen I	Mifflin/Juni
DODDS, MD, H Thomas	Delaware
DODGE, MD, Herbert C	Philadelphia
DODSON, MD, Donald L	Northampton
DOE, MD, Robert G	Lancaster
DOEBLER, MD, Robert W	Allegheny
DOENECKE, MD, Arthur L	Lancaster
DOERFLER JR, MD, Frederick B	Armstrong
DOFT, MD, Bernard H	Allegheny
DOHERTY, MD, James L	Philadelphia
DOHERTY, DO, John M	Delaware
DOHERTY, MD, Joseph C	Westmoreland
DOHERTY JR, MD, Henry J	Montgomery
DOHERTY JR, MD, John H	Lackawanna
DOHERTY SR, MD, John H	Lackawanna
DOJA, MD, Mohammad S	Allegheny
DOLAN III, MD, James J	Clinton
DOLAND, MD, Cheryl A	York
DOLBERG, BEVERLY K	Student
DOLECKI, MICHAEL	Student
DOLENCE, MD, Danielle	Allegheny
DOLFMAN, MD, Victor	Philadelphia
DOLINSKAS, MD, Carol A	Philadelphia
DOLL JR, MD, Robert B	Lehigh
DOLPHIN, MD, John M	Philadelphia
DOLSKY, MD, Richard L	Montgomery
DOMAN, DO, Cathleen	Montour
DOMAT, MD, Imad	Allegheny
DOMBKOSKI, MD, Ruth A	Delaware
DOMESEK, MD, James M	Montgomery
DOMINGO, MD, Orville H	Delaware
DOMINICK, THOMAS F	Student
DONAHOE, MD, Michael T	Franklin
DONAHUE, MD, John R	Montgomery
DONAHUE, MD, Sean P	Allegheny
DONALD, MD, Delmar J	Montgomery
DONALDSON, DO, Gordon R	Schuylkill
DONALDSON, MD, James B	Philadelphia
DONALDSON, MD, William F	Allegheny
DONAN, MD, Anderson W	Mercer
DONAT, TERRY L	Student
DONATELLI, MD, John M	Allegheny
DONCASTER, MD, Richard M	Westmoreland
DONDE, MD, Dilip M	Cambria
DONDE, MD, Mrunalini D	Cambria
DONEKER, MD, Thomas G	Northampton
DONER, DO, Ivan A	Philadelphia
DONLEY JR, MD, Charles M	Allegheny
DONNELLY JR, MD, Joseph C	Berks
DONNER, MD, William T	Montgomery
DONOFRIO, MD, Robert J	Allegheny
DONOFRIO, MD, Romeo R	Chester
DONOHUE, MD, Bryan C	Allegheny
DONOVAN, MD, Althea A	Lancaster
DONOVAN, MD, Byron L	Westmoreland
DONOVAN, MD, Francis C	Allegheny
DONOVAN, MD, J Ward	Dauphin
DONOVAN, MD, John J	Allegheny
DONOVAN, MD, Robert J	Allegheny
DONOVAN, MD, Robert S	Berks
DONROVICH, MD, Paul J	Cambria
DONSHIK, JON D	Student
DOO, MD, Gerald K	Adams
DOOLEY, MD, Thomas W	Berks
DORAZIO, MD, Dominick J	Lancaster
DORAZIO, MD, Nicholas J	Chester
DORAZIO, DO, Ronald J	Delaware
DORFMAN, MD, Alan M	Montgomery
DORFMAN, MD, Murray L	Delaware
DORIAN, MD, Alan L	Montgomery
DORKO, MD, Carl J	Dauphin
DORMAN, MD, Gordon	Philadelphia
DORMAN, MD, Sanford A	Northampton
DORNENBURG, MD, James R	Allegheny
DORNSTEIN, MD, Perry I	Montgomery
DORO, MD, Louis C	Philadelphia
DORSCH, MD, Carole A	York
DORSCH JR, MD, Raymond M	Lebanon
DORSEY, MD, James T	Lehigh
DORSEY, MD, Sharon E	Allegheny
DORVAL, MD, Jane T	Philadelphia
DORVILLE, MD, Fabio L	Northampton
DORWART, MD, Bonnie B	Philadelphia
DOSHI, MD, Kirti K	Philadelphia
DOSHI, MD, Nalini N	Allegheny
DOSHI, MD, Narendra S	Allegheny
DOSTAL, MD, Julie A	Luzerne
DOTO JR, MD, Joseph B	Northampton
DOTSEY, MD, Michael T	Clearfield
DOTTERER, MD, Christine S	Northmbrland
DOTTERWAY, MD, Blanche E	Westmoreland
DOTTOR, MD, Albinka J	Lehigh
DOTTS, EXEC SEC, Carol	Chester
DOUDS, MD, Howard N	Allegheny
DOUGHERTY, MD, Malvin J	Philadelphia
DOUGHERTY, MD, Ralph N	Allegheny
DOUGHERTY III, DO, John E	Dauphin
DOUGHTY, MATTHEW S	Student
DOUGLASS, MD, Paul H	York
DOUGLASS JR, MD, William T	Dauphin
DOUJAIJI, MD, Bassam M	Bucks
DOUPE, MD, David W	Erie
DOUWES, MD, Karel	Philadelphia
DOVYDAITIS, MD, Romas	Lackawanna
DOWDELL, MD, Paul J	Mercer
DOWHAN, MD, Thomas P	Philadelphia
DOWINSKY, MD, Steven K	Philadelphia
DOWLING, MD, John J	Philadelphia
DOWLING, MD, Keith J	Dauphin
DOWLUT, MD, Mohammad N	Blair
DOWNES, MD, John J	Philadelphia
DOWNIE, MD, Robert W	Philadelphia
DOWNING, MICHAEL J	Student
DOWNING, MD, Timothy M	Crawford
DOWNS, DO, Carolyn R	Bucks
DOWNS, MD, Helen E	Allegheny
DOYLE, MD, Alfred P	Allegheny
DOYLE, MD, Faye R	Chester
DOYLE, MD, Harry A	Philadelphia
DOYLE, MD, Howard R	Allegheny
DOYLE, MD, John J	Allegheny
DOYLE, MD, Russell G	Chester
DRACOS, MD, Frank J	Monroe
DRAGAN, MD, George A	Allegheny
DRAGANESCU, MD, John M	Philadelphia
DRAGANOSKY, MD, Eugene A	Bucks
DRAIN, MD, Randall T	Philadelphia
DRALUCK, MD, Jeffrey C	Philadelphia
DRANOV, MD, Jonathan	Centre
DRAPER, MD, Neile E	Philadelphia
DRAPIEWSKI, MD, John F	Luzerne
DRATCH, MD, Michael B	Philadelphia
DRATLER, MD, M Bruce	Crawford
DRATMAN, MD, Cathy K	Philadelphia
DRATWA, ERIC W	Student
DREER, MD, Aaron M	Philadelphia
DREHER, MD, Robert H	Northampton
DREIBELBIS, MD, William H	Centre
DREIFUS, MD, Leonard S	Philadelphia
DRENCHKO JR, MD, Peter	Indiana
DRENNEN JR, MD, James K	Butler
DRESSEL JR, MD, Christopher J	Lackawanna
DREW, MD, Frances L	Allegheny
DREZNER, MD, Malcolm E	Bucks
DRIBAN, DAVID E	Student
DRINKER, MD, Henry M	Philadelphia
DRISCOLL, MD, Genevra Z	Montgomery

DRIZIN, MD, Gary S Montgomery
DROSEY, MD, Louise A Luzerne
DROZDIAK, MD, Russell A Indiana
DRUCKER, MD, Carol R Lancaster
DRUCKMAN, MD, Stephen M Lebanon
DRUFFNER JR, MD, Lewis C Lackawanna
DRUMMOND, MD, Denis S Philadelphia
DRY, MD, Frederick A Lehigh
DSILVA, MD, Henry I Bucks
DUA, MD, Jayant K Chester
DUA, MD, Rup K Allegheny
DUANE, MD, Thomas D Northampton
DUBBS, MD, Alfred W Lehigh
DUBEY, MD, Saroj K Erie
DUBIN, MD, William R Philadelphia
DUBLIN, MD, George J Philadelphia
DUBNER, MD, Paul F Allegheny
DUBOWITZ, MD, Leslie Schuylkill
DUBROVSKY, MD, Olga Allegheny
DUBYANSKITE, MD, Anna Philadelphia
DUCA, MD, Peter R Philadelphia
DUCKETT, MD, James E Delaware
DUCKETT JR, MD, John W Philadelphia
DUDA, MD, Andrew M Berks
DUDA, MD, John R Erie
DUDECK, MD, Carl R Butler
DUDEK, MD, Robert P Luzerne
DUDEK, MD, William C Philadelphia
DUDENHOEFER, MD, Frederick J Erie
DUDENHOEFER, MD, Kathleen M Erie
DUDICH, MD, Michael S Montgomery
DUDRICK, MD, Stanley J Philadelphia
DUE, MD, Christopher F York
DUER, MD, Nathan B Greene
DUERKSEN, MD, Roger L Allegheny
DUFFIELD, MD, Thomas E Bucks
DUFFY, MD, Clyde F Allegheny
DUFFY, MD, Edward L Northampton
DUFFY, MD, Ruth E Chester
DUFFY, MD, Scott S Berks
DUGAN, MD, Charles T Allegheny
DUGAN JR, MD, Thomas M Beaver
DUGGAN, MD, James H Allegheny
DUGGAN JR, MD, Francis J Dauphin
DUGGER, MD, Dorothy E Philadelphia
DUKE III, MD, Bruce E Cambria
DUKER, MD, Daniel G Allegheny
DULA, MD, David J Montour
DULABON, MD, David A Erie
DULABON, MD, George M Allegheny
DULL, MD, James A Westmoreland
DUMARAN, MD, Delfa G Montgomery
DUMAS, MD, Peter A Philadelphia
DUNAGIN, MD, William G Venango
DUNAY, DO, Darlene A M Lackawanna
DUNCAN, MD, James R Allegheny
DUNCAN, MD, Ralph E York
DUNCAN, MD, Theodore G Philadelphia
DUNCOMBE, MD, Michael P Erie
DUNDEE, DAVID T Student
DUNDORE JR, MD, William C Allegheny
DUNFEE, ROBIN A Student
DUNHAM, DO, Douglas A Allegheny
DUNKLE, MD, David B Dauphin
DUNKLE, DO, Kenneth W Mercer
DUNMIRE, MD, Lester A Allegheny
DUNMIRE, MD, Susan M Allegheny
DUNN, MD, David D Erie
DUNN, ERIC S Student
DUNN, MD, Geoffrey P Erie
DUNN, MD, Jeanette C Philadelphia
DUNN, MD, Jeffrey M Philadelphia
DUNN, MD, Jerome Lehigh
DUNN, MD, Joseph P Venango
DUNN, MD, Kelly L Dauphin
DUNN, MD, Lewis J Philadelphia
DUNN, MD, Linda K Philadelphia
DUNN, DO, Lori Dauphin
DUNN, MD, Philip F Huntingdon
DUNNE, MD, Gay D Centre
DUNNE, MD, James H Centre
DUNNING, MD, E Ruth Monroe
DUNSMORE, MD, Lillian D Chester
DUPLAGA, MONICA L Student
DUPLER, MD, Donald A Philadelphia
DUPONT, MD, Jean-Rene Delaware
DUPONT JR, MD, Philip J Clearfield
DUPREY, MD, James G Lancaster
DURBACK, MD, Mark A Northampton
DURBECK, MD, Donald C Dauphin
DURISEK, MD, George S Dauphin
DURKIN, MD, David J Centre
DURKIN, MD, Maureen L Adams
DURKIN, MD, Raymond A Lehigh
DURNAN, MD, Rosemary Allegheny
DURNING, MD, Robert P Allegheny
DUROCHER, MD, John R Philadelphia
DURRWACHTER, MD, Kenneth R Allegheny
DURRWACHTER, MD, Robert J Lycoming
DUSENBERRY, MD, Sarah J Beaver
DUSZAK JR, MD, Richard L York
DUTTA, MD, Tarit K Allegheny
DVORCHAK, MD, Matthew J Cambria
DVORKIN, MD, Daniel Chester
DWORETZ, MD, April R Allegheny
DWORKIN, DO, Gerald Eli Philadelphia
DWYER, MD, John H Allegheny
DY, MD, Ernesto Y Elk/Cameron
DY, MD, George R Philadelphia
DY, MD, Victor C Northampton
DYCKMAN, MD, Sharon Bucks
DYE, MD, Robert E Dauphin
DYKYJ JR, MD, Roman Philadelphia
DYNAN, MD, James E Montgomery
DYREYES, MD, Roberto R Lebanon
DYSON, MD, William L Philadelphia
DZIALOWSKI, MD, Kenneth J Fayette
DZWONCZYK JR, MD, John Philadelphia

E

EAGEN, MD, Jeremiah W Lackawanna
EAGER, MD, J Michael Berks
EAGLE, MD, Perry A York
EARICK, MD, Michael E Erie
EARLE, MD, Martin F Allegheny
EARLE-BROWN, MD, Joyleen E Philadelphia
EARLY, MD, Calvin B Franklin
EARLY JR, MD, Robert F Berks
EARLY SR, MD, Robert F Lebanon
EARNEST, MD, Tamar D Lehigh
EASLER, MD, Richard E Allegheny
EASTLAND, MD, Theodore W Berks
EATER JR, MD, Charles L Mifflin/Juni
EATON, MD, David A Northampton
EATON, MD, Edward H Dauphin
EBERHART, MD, Joseph C Bucks
EBERLY, MD, David E Delaware
EBERSOLE, MD, John H Lancaster
EBERSOLE, MD, Thomas M Berks
EBERT, MD, Claire W Allegheny
EBERZ, MD, Dennis A Allegheny
EBNER, MD, Steven A Montgomery
ECHENBERG, MD, Robert J Northampton
ECHIKSON, MD, Edward H Montgomery
ECHTRLING, CHRISTOPHER K Student
ECKBERG, MD, John J Erie
ECKEL, MD, Timothy B Columbia
ECKELS, DO, Dennis L Cambria
ECKENRODE, MD, Joseph L Lancaster
ECKER, MD, Andrew M Montgomery
ECKER, MD, Malcolm L Philadelphia
ECKER, MICHELLE L Student
ECKER JR, MD, Herbert A Lycoming
ECKER SR, MD, Herbert A Lycoming
ECKERT, MD, Robert T Butler
ECKROTH, MD, Richard N Lebanon
EDDINGER, MD, Leo C Lehigh
EDELMAN, MD, Barry J York
EDELMANN, MD, Christine A Allegheny
EDELSON, MITCHELL I Student
EDELSTEIN, MD, Abe J Cambria
EDELSTEIN, MD, Norman L Allegheny
EDELSTEIN, MD, Steven B Allegheny
EDER JR, MD, George E York
EDGE, MD, Fred C Fayette
EDINGER, MD, Andrew M Union
EDINGTON, MD, John M Philadelphia
EDMAN, MD, Richard L Montgomery
EDMISTON, MD, Robert B Dauphin
EDMUNDOWICZ, MD, Alphonse C Dauphin
EDMUNDS, MD, Elizabeth H Berks
EDNIE, BRENT Student
EDWARDS, MD, Arthur M Jefferson
EDWARDS, MD, George E Dauphin
EDWARDS, MD, Mary D Allegheny
EDWARDS, MD, William M Allegheny
EDWARDS, MD, William P Venango
EELKEMA, MD, Elizabeth A Allegheny
EFFINGER, MD, Gerold J Bucks
EFFINGER-KASSOW, MD, Ellin B Philadelphia
EGAN, CHRISTINE L Student
EGBERT, MD, E Wayne Delaware
EGGLER, MD, Betsey A Mifflin/Juni
EGLICK, MD, Paul G Philadelphia
EGOVILLE, MD, Charles R Philadelphia
EHLER, MD, Joan G Allegheny
EHLY, MD, George W Cumberland
EHMANN, MD, Carl W Bucks
EHRLICH, MD, Clifford L Montgomery
EHRLICH, MD, Frank Philadelphia
EHRLICH, MD, George E Philadelphia
EHRLICH, MD, Jeffrey N Philadelphia
EHRLICH, MD, Leonard D Montgomery
EICHER, MD, Wendell P Bucks
EICHLER, MD, George R Northampton
EICHMAN, MD, Mary R Philadelphia
EICHMILLER, MD, John P Allegheny
EICHNER, MD, Lambert G Delaware
EILER, MD, William A Allegheny
EILERS, MD, Steven G Bucks
EINHORN, MD, Kenneth H Montgomery
EISEN, MD, Carole L Delaware
EISEN, MD, Howard B Allegheny
EISENBEIS JR, MD, Carl H Allegheny
EISENBERG, MD, Floyd P Montgomery
EISENBERG, MD, Richard B Erie
EISENHOWER, MD, Edward A Lancaster
EISENSTADT, MD, Norman Philadelphia
EISMAN, MD, Sylvan H Philadelphia
EISNER, MD, Abraham G Lackawanna
EISNER, MD, Joel W Chester
EISNER, MARK D Student
EISNER, MD, Steven B Lackawanna
EITEL, MD, David R York
EKBERG, MD, Norman L Montour
EL-ATTRACHE, MD, Selim Westmoreland
EL-HAJJAOUI, MD, Ziad R Allegheny
ELATTAR, MD, Anas A Allegheny
ELCOCK, MD, Claudius A Philadelphia
ELDAIEF, MD, Daisy S Montgomery
ELDER, MD, E Glenn Northampton
ELDER, MD, Jay E Jefferson
ELDER JR, MD, James P Philadelphia
ELEFANT, MD, Howard L Philadelphia
ELENITSAS, MD, Rosalie Philadelphia
ELES, DO, Gustav R Allegheny
ELFMAN, MD, Louis K Philadelphia
ELHILLAL, MD, Mohammad F Westmoreland
ELIADES, MD, William Philadelphia
ELIAS, MD, Farid J Westmoreland
ELIAS, MD, Stanton B Allegheny
ELIGATOR, MD, Julian Allegheny
ELKIN, DO, Richard J Lancaster
ELKINS, MD, Carol G Clearfield
ELLEN, MD, Stephen J Philadelphia
ELLENBERGER JR, MD, Carl Lebanon
ELLER, MD, Andrew W Allegheny
ELLIS, CAROLYN D Student
ELLIS, MD, Christina E Chester
ELLIS, MD, David J Delaware
ELLIS, MD, David M Montgomery
ELLIS, MD, David W Lebanon
ELLIS, MD, Diana E Bradford
ELLIS, MD, George L Allegheny
ELLIS, MD, Herman M Philadelphia
ELLIS, MD, Lawrence D Allegheny
ELLIS, DO, Louis D Schuylkill
ELLIS, MD, Richard A Philadelphia
ELLIS EDD, EXEC DIR, U Berkley Montgomery
ELLIS IV, MD, John H Luzerne
ELLIS JR, MD, Leander T Philadelphia
ELLISON, MD, Ervin Lancaster
ELLISON, MD, James H York
ELLISON, MD, Julius Philadelphia
ELLISON, MD, Maryjane Allegheny
ELLISON, MD, Neil M Montour
ELLISON JR, MD, Richard T Montgomery
ELMALEH, MD, Miriam K Philadelphia
ELSHAMI, MD, Ashraf A Montgomery
ELVIR, MD, Ramon Warren
ELYADERANI, MD, Morteza K Beaver
ELYAN, MD, Mohamed I York
ELZENEINY, MD, Ismail H Northampton
EMANUEL, MD, Abraham Beaver
EMANUEL, MD, E Stephen Delaware
EMANUEL, ERIC R Student
EMANUELSON, MD, Richard G Lackawanna
EMERSON, MD, John A Venango
EMERY, MD, Robert C Northampton
EMILI, STEFANO Student
EMKEY, MD, Kenneth D Berks
EMKEY, MD, Ronald D Berks
EMMERLING, MD, John F Allegheny
EMMOLO, MD, Alfonse A Venango
EMPER, MD, William D Montgomery
ENAD, MD, Teresita S Allegheny
ENANY, MD, Albert K Fayette
ENCKE, MD, Ted K Allegheny
ENDER, PETER T Student
ENDERS, BELINDA G Student
ENDERS, MD, John G Franklin
ENDRES, MD, Jay E Warren
ENDRES, MD, Warren H Lehigh
ENEA, NED A Student
ENGEL, MD, Gilson C Philadelphia
ENGEL, MD, Gregory S Dauphin
ENGEL, MD, Robert Luzerne
ENGINEER, MD, Erach H Philadelphia
ENGLE, MD, David J Allegheny
ENGLE, MD, Eileen Montgomery
ENGLE, MD, Eugene K Lancaster
ENGLE, MD, Harold H Lebanon
ENGLE, MD, Joseph H Franklin
ENGLISH, MD, Carroll A Montgomery
ENGLISH, MD, James B Blair
ENGLISH, MD, Joseph G Lycoming
ENGLISH, MD, O Spurgeon Philadelphia
ENGLISH, MD, Richard B Luzerne
ENGLISH, MD, Robert S Fayette
ENGLISH III, JOSEPH C Student
ENGLISH JR, MD, Walter E Clinton
ENGSTROM, MD, Paul F Philadelphia
ENNIS, MD, Michael F Allegheny
ENRIQUEZ, MD, Danilo L Allegheny
ENTERLINE, MD, Horatio T Philadelphia
ENTINE, MD, Joseph H Philadelphia
ENTWISTLE, MD, Nelson L Dauphin
ENZMAN, DO, Patricia M Lehigh
EPERJESSY, MD, Ernest Z Cambria
EPISCOPIO, MD, Joseph V Northampton
EPPINGER, MD, Mary Ann Allegheny
EPSTEIN, MD, Alan L Philadelphia
EPSTEIN, MD, Herman Philadelphia
EPSTEIN, MD, Isadore S Philadelphia
EPSTEIN, MD, Paul E Philadelphia
ERB, MD, Kathleen M Erie
ERB JR, MD, William H Delaware
ERBSTEIN, MD, Robert A Allegheny
ERDEK JR, MICHAEL A Student
ERICKSON, MD, Elmer W Allegheny
ERICKSON, MD, Eric R Allegheny
ERICKSON, MD, Ray B Clarion
ERICSON-FRONKO, DAWN A Student
ERIKSEN, MD, Christopher M Delaware
ERKES, MD, Neal Philadelphia
ERMOLD, MD, Donald R Berks
ERNSTOFF, MD, Brian Marshall Philadelphia
ERSNER, MD, Arthur R Montgomery
ERSNER, MD, Jack S Philadelphia
ERSOZ, MD, Clara J Allegheny
ERTEL, MD, D Gregory Lycoming
ERVIN, MD, Lawrence M Blair
ERWARD, MD, Michael J Philadelphia
ERWAY, MD, Preston M Tioga
ERWIN, MD, Henry K Northampton
ERWIN, MD, Kate M Allegheny
ESBENSHADE II, MD, John H Lancaster
ESCARO, MD, Danilo U York
ESCHBACH, KELLY S Student
ESHBACH, MD, Ted B Dauphin
ESHLEMAN, MD, D Rohrer Lancaster
ESHLEMAN, MD, John D Lancaster
ESHLEMAN, MD, S Kendrick Lancaster
ESKENAZI, MD, Marko M Philadelphia
ESKENDRI, MD, Nasser Beaver
ESKIN, MD, Bernard A Philadelphia
ESKIN, MD, David J Montgomery
ESKIN, ROSE N Student
ESKRIDGE, MD, Timothy H York
ESLER JR, MD, James W Lehigh
ESPER, DO, Alan N Erie
ESPER, DO, Gary F Erie
ESPER, DO, Robert J Erie
ESPER, DO, Ronald A Erie
ESPER, DO, William A Erie
ESPINOSA, MD, Oscar Montgomery
ESPOSITO, MD, Francis A Allegheny
ESPOSITO, MD, Joseph P Dauphin
ESQUENAZI, MD, Alberto Philadelphia
ESSAYAN, MD, David M Philadelphia
ESSIG, MD, Michael J Allegheny
ESTOLANO, MD, Mario G Allegheny
ESTORES JR, MD, David S Allegheny
ESTRADA, MD, Fernando P Northampton
ESTRADA, MD, Juan M Allegheny
ETNOYER, MD, John J Lancaster
ETTENGER, MD, Allen B Huntingdon
ETTENGER, MD, Morris S Philadelphia
ETTER, MD, Russel H York
ETTINGER, MD, Jeffrey B Philadelphia
ETTINGER, DO, Susan D Montgomery
ETTLINGER, MD, Robert A Dauphin
EULIANO JR, MD, John J Erie
EULIANO SR, MD, John J Erie
EVANCHO, MD, Charles D York
EVANGELISTA, MD, Cleofe P Bucks
EVANGELISTA, MD, Jesus S Washington
EVANGELISTA, MD, Simplicio E Montgomery
EVANKO, MD, David A Butler
EVANS, MD, Charles M Lancaster
EVANS, MD, Cynthia K Allegheny
EVANS, MD, David B Cumberland
EVANS, MD, David M Cambria
EVANS, MD, Donald E Allegheny
EVANS, MD, Harold H Union
EVANS, MD, Hayden O Montgomery
EVANS, MD, Hilary Cambria
EVANS, MD, James F Montour
EVANS, DO, John C Centre
EVANS, MD, John J Carbon
EVANS, MD, Jonathan L Butler
EVANS, MD, Joseph B Philadelphia
EVANS, MD, Leonard E Allegheny
EVANS, MARIAN A Student
EVANS, MD, Patricia R Somerset
EVANS, MD, Richard S Allegheny
EVANS, MD, Robert L York
EVANS, MD, Terry L Westmoreland
EVANS, MD, Therman E Philadelphia
EVANS, MD, Thomas M Allegheny
EVANS, MD, William G Indiana
EVANS, EXEC SEC, Robert W Dauphin
EVANS II, MD, Lewis C Bradford
EVARTS, MD, C Mccollister Dauphin
EVERETT, MD, William G Allegheny
EVERHART, MD, Charles W Mifflin/Juni
EVERHART, MD, Wilson C Dauphin
EVERLETH, DO, Wendy Lyn Philadelphia
EVES, MD, John H Bucks
EWALD, MD, John L Allegheny
EWING, MD, Agnew R Chester
EWING, MD, Charles H Montgomery
EWING, MD, Fred L Crawford
EWING, MD, James H Philadelphia
EWING, MD, Madeleine Q Philadelphia
EYERLY, MD, Robert C Montour
EYLER, MD, Paul W Lancaster
EYVAZZADEH, MD, Camille Northampton
EZELL, MD, Paul Carter Bucks

F

FABER, JENNIE Student
FABER, MD, Kalman Philadelphia
FABER, MD, Mark R Chester
FABIAN, MD, Andrew Northmbrland
FABIANI, MD, Joseph A Philadelphia
FABINYI, MD, Geza T Blair
FABISZEWSKI, MD, Nina L Allegheny
FABIUS, MD, Raymond J Delaware
FABRY, MD, Edward I Allegheny
FACKLER, MD, Emerson F Dauphin
FACKOVEC, MD, Michael Westmoreland
FADDEN, MD, Robert J Beaver

FAGELMAN, MD, Kerry M	Dauphin
FAGER, MD, Joseph S	Dauphin
FAGERBURG, MD, Rodger E	Lackawanna
FAGIOLETTI, MD, Robert J	Washington
FAHL, MD, James C	Monroe
FAHMY, MD, Anthony N	Westmoreland
FAHMY, MD, Wasfy F	Chester
FAIL, MD, Peter S	Philadelphia
FAILLA, MD, Jack P	Allegheny
FAIRBROTHER, MD, Maureen E	Dauphin
FAIRBROTHER, MD, Paul F	Dauphin
FAIRWEATHER, MD, Jack L	Union
FAKHRAEE, MD, Sayyed M	Philadelphia
FALASCA, DO, Thomas D	Erie
FALCHEK, STEPHEN J	Student
FALCO, MD, Frank G	Bucks
FALCO, MD, Frank J E	Montgomery
FALCON, DO, Carla T	Allegheny
FALCON JR, MD, Joseph R	Allegheny
FALCONE, MD, Domenico	Lehigh
FALES, MD, Catherine H	Philadelphia
FALINO, DO, Michele J	Bucks
FALK, MD, Arthur E	Montgomery
FALK, MD, Edward C	Mercer
FALK JR, MD, Robert B	Lancaster
FALKENBERG, MD, K Jorg	Bradford
FALKER, MD, John M	Montgomery
FALL, MD, Michael H	Blair
FALLAHNEJAD, MD, Manoucher	Philadelphia
FALLON III, MD, Edward C	Berks
FALOR, MD, Stanley E L	Greene
FALUDI, MD, Georgina	Philadelphia
FAN, MD, Young C	Venango
FANDEL, MD, Christa M	Allegheny
FANELLI, MD, Claude	Dauphin
FANG, MD, John C	Philadelphia
FANG, MD, Peter J W	Franklin
FANNING, DO, John M	Delaware
FANNING, DO, Robert J	Philadelphia
FARACE, MD, Joseph L	Northampton
FARAGALLA, MD, Ramses I	Franklin
FARALLI, MD, Victor J	Lebanon
FARANO, MD, Peter J	Philadelphia
FARB, MD, Stanley N	Montgomery
FARBER, MD, Abigail F	Philadelphia
FARBER, MD, Barry M	Philadelphia
FARBER, MD, David N	Berks
FARBER, MD, Emanuel P	Philadelphia
FARBER, MD, Eric B	Berks
FARBER, MD, Harold F	Philadelphia
FARBER, MD, Harold I	Berks
FARBER, MD, Martin	Philadelphia
FARIES JR, MD, George B	Dauphin
FARKAS, MD, Andrew A	Jefferson
FARKAS, MD, Barry L	Allegheny
FARKAS, MD, Robert W	York
FARMATI, MD, Oscar	Crawford
FARMER, MD, John L	Lancaster
FARMER, MD, Lenore	Allegheny
FARMER, LOUISE D	Student
FARNER, LOUISE A	Student
FARNEY, MD, Esther S	Allegheny
FARNON, MD, Christa U	Philadelphia
FARR, MD, James	Carbon
FARR, MD, Russell M	Beaver
FARRAG, MD, Hussien M	Philadelphia
FARRAH, DO, Victor B	Crawford
FARRAR JR, MD, George E	Philadelphia
FARRELL, DO, Donna R	Montgomery
FARRELL, MD, Dorothy A	Luzerne
FARRELL, MD, Edward L	Allegheny
FARRELL, MICHAEL J	Student
FARRELL, MD, Peter E	Lehigh
FARRELL, MD, Robert E	Lackawanna
FARRELL, TIMOTHY J	Student
FARRELL, MD, Timothy P	Dauphin
FARRELL, MD, William J	Lackawanna
FARRY, KIMBERLY M	Student
FASANO, MARIA M	Student
FASANO, MD, Michael J	York
FASCIANA, MD, Guy M	Luzerne
FASS, MD, Barry D	Philadelphia
FASSL, MD, Joseph J	Lehigh
FAST, MD, Willis B	Bucks
FATIGATI, MD, Mario J	Allegheny
FATOLOMI, MD, Keivan H	Philadelphia
FATTEH, NAAZ	Student
FATULA, MD, George M	Jefferson
FATUR, MD, Leo M	Allegheny
FAUST, MD, Donald S	Berks
FAUST, MD, Elizabeth B	Delaware
FAUST, MD, Herbert A	Chester
FAVA, MD, George E	Lebanon
FAVETTA, MD, Marcel M	Luzerne
FAVINI, MD, M Peter	Lackawanna
FAVINO, MD, C James	Montour
FAWCETT, MD, James L	Allegheny
FAYE, MD, Robyn B	Philadelphia
FAYNBERG, MD, Mark G	Philadelphia
FAYNBERG, MD, Nora	Montgomery
FAZI, MD, Burt	Blair
FAZIOLI, MD, Lawrence A	Beaver
FEAR, MD, Jesse G	Columbia
FEASTER, MD, Marshall M	Berks
FEATHER, MD, Susan M	Lancaster
FECZKO, MD, William A	Allegheny
FEDDER, MD, Stephen L	Delaware
FEDELE, MD, Charles R	Bradford
FEDELE, MD, Frank A	Philadelphia
FEDERICI, BENIGNO D	Student
FEDERICI, MD, Valerio J	Philadelphia
FEDERICO, CHERYL L	Student
FEDERLE, MD, Michael P	Allegheny
FEDERMAN, MD, Jay L	Delaware
FEDOK, MD, Frederick G	Dauphin
FEDOR, MD, Maria T	Montgomery
FEDULLO, MD, Lisa M	Northampton
FEDUSKA, MD, Richard G	Allegheny
FEE JR, MD, William H	Venango
FEEHAN, MD, Patrick R	Lancaster
FEES JR, MD, Arch W	Blair
FEGLEY, DO, Janis E	Washington
FEHNEL, MD, Stephen H	Berks
FEICHT, DO, Charles M	Beaver
FEICK, MD, Ralph H	Berks
FEIFER, RICHARD A	Student
FEIG, MD, Stephen A	Philadelphia
FEIN, MD, Deborah L	Allegheny
FEIN, DO, Howard K	Montgomery
FEINBERG, CURT M	Student
FEINBERG, MD, David H	Northampton
FEINBERG, ERIC B	Student
FEINBERG, MD, Kalmen A	Schuylkill
FEINBERG, MD, Michael J	Philadelphia
FEINBERG, MD, Stanford S	Berks
FEINER, MD, Laurel A	Montgomery
FEINGOLD, MD, Joseph L	Delaware
FEINSTEIN, MD, Alex	Lancaster
FEINSTEIN, MD, Peter A	Luzerne
FEINSTEIN, MD, Theodore A	Philadelphia
FEIST, MD, John H	Allegheny
FELDER, MD, Herman	Allegheny
FELDMAN, MD, Arthur M	Philadelphia
FELDMAN, MD, Ella S	Philadelphia
FELDMAN, MD, Julian D	Philadelphia
FELDMAN, MD, Michael S	Northampton
FELDMAN, MD, Nathan I	Lackawanna
FELDMAN, MD, Sherrie B	Dauphin
FELDMAN, MD, Stewart L	Allegheny
FELDMEIER, MD, Curtis J	Beaver
FELGAR, RAYMOND E	Student
FELICE, MD, Civie D	Allegheny
FELIX, MD, Dionisio	Philadelphia
FELLERMAN, ANDREA D	Student
FELLERMAN, MD, Herbert	Luzerne
FELLIN, MD, Chris W	Montour
FELLIN, MD, Rudolph S	Luzerne
FELT, MD, Rebecca L	Crawford
FELTWELL JR, MD, Peter M	Allegheny
FENCEL, MD, Richard M	Dauphin
FENLIN JR, MD, John M	Philadelphia
FENN, MD, Patricia A	Montgomery
FENNER, MD, Henry E	Lawrence
FENSTER, MD, Martin M	Philadelphia
FEO, MD, Louis G	Philadelphia
FERANCHAK, ANDREW P	Student
FERDINAND, MD, Francis D	Philadelphia
FERENZI, MD, James C	Bradford
FERGUSON, MD, Donald G	Allegheny
FERGUSON, MD, Gary M	Allegheny
FERGUSON, MD, Robert H	Westmoreland
FERGUSON, MD, Roger J	Allegheny
FERGUSON, MD, Thomas G	Allegheny
FERGUSON JR, MD, Albert B	Allegheny
FERGUSON JR, MD, Guerrant H	Philadelphia
FERGUSON JR, MD, Theodore J	Allegheny
FERLAN, MD, Lawrence	Allegheny
FERNANDEZ, MD, Armando A	Allegheny
FERNANDEZ, MD, Eduardo I	Lycoming
FERNANDEZ, MD, Javier	Philadelphia
FERNANDEZ, MD, Oscar V	Erie
FERNANDO, MD, Neville A	Erie
FERRACUTI, MD, Daniela	Philadelphia
FERRARA, MD, Joseph D	Bucks
FERRARA, MD, Leonard P	Lebanon
FERRARA, MD, Vincent L	Philadelphia
FERRARO, MD, Francis T	Allegheny
FERRARO, LINDA A	Student
FERRARO, MD, Michael M	Luzerne
FERRARO, MD, Patrick J	Lackawanna
FERRARO, MD, Robert J	Erie
FERRENTINO, MD, Frank L	York
FERRERO, MD, Bruce R	Allegheny
FERRETTI, DO, Silvia M	Erie
FERRI, MD, Henry G	Allegheny
FERRIER, MD, Melvin C	Centre
FERRIGNO JR, MD, Carmen J	Columbia
FERRINGO JR, JOHN A	Student
FERRIS, MD, Joseph M	Erie
FERROGGIARO, ANTHONY A	Student
FERRONI, MD, Joseph S	Delaware
FERRY, MD, Gerald W	Berks
FERRY, MD, Jane A	Bucks
FERRY, MD, Nicholas J	Bucks
FERSON, MD, Peter F	Allegheny
FESSLER, MD, Barri J	Philadelphia
FESSLER, MD, Thomas J	Erie
FETCHKO, MD, Alexander M	Allegheny
FETTER, MD, Ferdinand	Philadelphia
FETTERMAN, MD, Henry H	Lehigh
FETTEROLF, MD, Donald E	Allegheny
FETTEROLF, MD, Michael L	Venango
FETZER, MD, Arthur E	Lehigh
FEUDALE, MD, Richard F	Schuylkill
FEUSSNER, MD, James W	Philadelphia
FIALKOFF, MD, Henie	Philadelphia
FICKE, MD, J Ronald	Philadelphia
FIDELER, MD, Richard	Dauphin
FIDEN JR, MD, William J	Beaver
FIEDLER, MD, James J	Philadelphia
FIEDLER, MD, Roy W	Allegheny
FIEHLER, MD, Paul C	Allegheny
FIELD, MD, Douglas B	Philadelphia
FIELD, MD, Howard L	Philadelphia
FIELD, DO, Lawrence R W	Philadelphia
FIELD II, WILLIAM E	Student
FIELD MUNVES, MD, Ellen M	Lehigh
FIENGO, DO, Mark N	Philadelphia
FIERER, MD, Robert R	Dauphin
FIERGANG, DEAN L	Student
FIERRO, DO, Vincent S	Erie
FIESCHKO, MD, Julie T	Lebanon
FIGLIN, DO, Joshua M	Centre
FIGUEROA, MD, William G	Philadelphia
FIGURA, MD, Judith H	Allegheny
FILE, MD, James C	Mercer
FILER, MD, Robert B	York
FILER, MD, Wanda D P	York
FILICKO, JOANNE E	Student
FILIP, MD, John R	Montgomery
FILIPEK, MD, Steele W	Allegheny
FILIPEK, MD, Walter J	Northampton
FILIPPI, MD, Ronald S	Erie
FILIPPONE, MD, Edward J	Philadelphia
FILKINS, MD, Karen	Allegheny
FILLMAN, MD, John B	Huntingdon
FILMYER JR, MD, Edward A	Philadelphia
FILOSA, MD, Robert J	Montgomery
FINCH, MD, Alberta M	Monroe
FINDER, MD, Marc J	Bedford
FINDLEY-CHRISTIAN, MD, Gertrude A	Philadelphia
FINE, MD, Arthur P	Allegheny
FINE, MD, Daniel	Allegheny
FINE, MD, Eric W	Philadelphia
FINE, MD, Robert	Montgomery
FINEBERG, MD, Charles	Philadelphia
FINEGOLD, MD, Aaron N	Allegheny
FINEGOLD, MD, Joseph	Allegheny
FINEGOLD, MD, Richard A	Allegheny
FINEGOLD, MD, Wilfred J	Allegheny
FINESTONE, MD, Albert J	Philadelphia
FINESTONE, MD, Israel	Philadelphia
FINESTONE, MD, Stephen C	Allegheny
FINGERET, MD, Arnold E	Allegheny
FINGERUT, MD, Jerald C	Montgomery
FINGO, MD, Albert J	Montgomery
FINK, MD, David L	Philadelphia
FINK, MD, David M	Lehigh
FINK, MD, Gordon Bernard	Philadelphia
FINK, GREGORY W	Student
FINK, MD, Jack W	Montgomery
FINK, MD, Paul J	Philadelphia
FINK JR, MD, Albert H	Delaware
FINK JR, MD, Howard E	Dauphin
FINKELHOR, MD, Howard B	Allegheny
FINKELSTEIN, MD, David	Philadelphia
FINKELSTEIN, DAVID T	Student
FINKELSTEIN, MD, Gary S	Bucks
FINKELSTEIN, MD, Jordan W	Centre
FINKELSTON, THOMAS J	Student
FINKENSTADT, MD, Eric V	Philadelphia
FINLAY, MD, James W	Allegheny
FINLEY, MD, John G	Bucks
FINN, MD, David R	Lycoming
FINN, MD, Doron H	Washington
FINN, MD, Joanne	Erie
FINN, MD, Joseph L	Philadelphia
FINN, MD, Laura S	Allegheny
FINN, MD, Martha J B	Lycoming
FINN, STEPHEN F	Student
FINNEGAN, MD, Matthew J	Philadelphia
FINNEGAN, MD, Walter J	Lehigh
FINO, MD, Gregory	Luzerne
FINO, MD, Julius A	Warren
FIOL-SILVA, MD, Zoraida M	Philadelphia
FIORELLI, DO, Robert L	Philadelphia
FIORICA, MD, Vincent M	Cambria
FIRPO JR, MD, John J	Delaware
FIRST, MD, Howard E	Philadelphia
FIRST, MD, Stewart E	Philadelphia
FISCH, MD, John M	Allegheny
FISCHBEIN, MD, Richard E	Luzerne
FISCHER, MD, David H	Philadelphia
FISCHER, MD, Edward C	Berks
FISCHER, MD, H Keith	Philadelphia
FISCHER, MD, Rolf H	Schuylkill
FISCHER, MD, Sharon P	Philadelphia
FISCHER, MD, Steven W	Delaware
FISCHER JR, MD, Carl R	Philadelphia
FISCHETTI, MD, John L	Chester
FISCHL, MD, Edwin C	Allegheny
FISH, MD, James E	Philadelphia
FISH, MD, Larry A	Allegheny
FISHER, MD, Alvin H	Montgomery
FISHER, MD, Curtis K	Allegheny
FISHER, DANIEL C	Student
FISHER, MD, Don L	Allegheny
FISHER, DO, Gary A	Philadelphia
FISHER, GEORGE E	Student
FISHER, MD, Harold	York
FISHER, MD, Jay B	Northampton
FISHER, MD, Joanna M	Philadelphia
FISHER, MD, John T	Centre
FISHER, MD, Joseph S	Philadelphia
FISHER, MD, Luther I	Northampton
FISHER, MD, Mary S	Philadelphia
FISHER, MD, Maryellen D	Dauphin
FISHER, MD, Norman J	Montgomery
FISHER, MD, Philip C	Bradford
FISHER, MD, Robert M	Montgomery
FISHER, MD, Robert S	Philadelphia
FISHER, MD, Roscoe L	York
FISHER, MD, Scott R	Allegheny
FISHER, MD, Seth M	Philadelphia
FISHER, MD, Seth W	Luzerne
FISHER, MD, Stephen N	Allegheny
FISHER, DO, Steven J	Delaware
FISHER, TODD M	Student
FISHER, MD, Todd R	Dauphin
FISHER, DO, William	Philadelphia
FISHER III, MD, George R	Philadelphia
FISHER JR, MD, Joseph W	Northampton
FISHKIN, MD, Hymel	Allegheny
FISHMAN, DO, Edward N	Delaware
FISHMAN, DO, Morris A	Philadelphia
FISHMAN, DO, Robert F	Philadelphia
FISK, MD, David E	Montour
FISSEL, MD, George E	Lycoming
FISTER, MD, Frederick D	Lehigh
FITTING JR, MD, George M	Allegheny
FITZ, MD, Ralph W	Allegheny
FITZGERALD, MD, James L	Lehigh
FITZGERALD, MD, Jean O	Bucks
FITZGERALD, DO, John J	Montgomery
FITZGERALD, MD, Richard P	Dauphin
FITZMAURICE, MD, John W	Delaware
FITZMAURICE, MD, Mark J	Franklin
FITZPATRICK, DENISE F	Student
FITZPATRICK, DO, James W	Schuylkill
FITZPATRICK, MD, Marcia A	Delaware
FITZPATRICK, MD, Ruthann P	Delaware
FITZPATRICK, MD, Thomas M	Montgomery
FITZSIMONS, MD, Thomas R	Lehigh
FIUME, MD, Thomas J	Lackawanna
FLACCAVENTO, MD, Frederick G	York
FLACCO, MD, Albert J	Bucks
FLAGG, STEPHANIE D	Student
FLAHERTY, MD, Morgan F	Allegheny
FLAMBERG, MD, Ira W	Mercer
FLAMINI, MD, John A	Erie
FLAMM, MD, Eugene S	Philadelphia
FLANAGAN, MD, H Franklin	Philadelphia
FLANAGAN, MD, Joseph C	Delaware
FLANDERS, MD, Adam E	Philadelphia
FLANIGAN, MD, Robert E	Allegheny
FLANIGAN JR, MD, John L	Carbon
FLANNAGAN, MD, Samuel W	Westmoreland
FLANNERY, MD, Wilbur E	Lawrence
FLAUGH, DO, Nancy D F	Philadelphia
FLEAGLE, MD, Genevra S	Centre
FLEAGLE, MD, Samuel B	Centre
FLEEGLER, MD, Francene M	Philadelphia
FLEEGLER, MD, Saul M	Westmoreland
FLEEKOP, MD, Philip D	Montgomery
FLEISCHER, MD, Alan N	Berks
FLEISCHER, MD, Deborah	Philadelphia
FLEISCHER, MD, Leslie R	Lancaster
FLEISCHER, MD, Scott A	Philadelphia
FLEISHER, FELICE I	Student
FLEISHER, DO, Richard D	Philadelphia
FLEISHMAN, MD, Martin J	Mifflin/Juni
FLEMING, MD, Arthur W	Allegheny
FLEMING, MD, Burton A	Philadelphia
FLEMING, MD, George E	Allegheny
FLEMING, MD, Kenneth D	Montgomery
FLEMING, MD, Richard M	Allegheny
FLETCHER, MD, Douglas D	Allegheny
FLETCHER, MD, Thomas F	Dauphin
FLETMAN, DO, Herbert	Philadelphia
FLICK, MD, Kathryn L	Erie
FLICKINGER, MD, John C	Allegheny
FLIT, MD, Frank J	Allegheny
FLITTER, MD, Marc A	Erie
FLOM, MD, David M	Allegheny
FLOM, MD, Lynda L	Allegheny
FLOOD, MD, James M	Bradford
FLOOD, MD, Jill T	York
FLOOD, MD, Katherine M	Allegheny
FLOOD, MD, Michael S	Lancaster
FLORA, MD, William K	Cambria
FLOREK, MD, Florian F	Erie
FLORENCE, MD, David W	Dauphin
FLORENTIN, MD, Heriberto M	Westmoreland
FLORES, MD, Alberto C	Lancaster
FLORES, MD, Carlos I	Lawrence
FLORES, MD, Evelyn R	Berks
FLORES, MD, Maria L	Delaware
FLORES JR, MD, Emilio G	Elk/Cameron
FLORIN, MD, Jorge L	Allegheny
FLORIO, RICHARD M	Student
FLOWERS, MD, Peter B	Lebanon
FLOYD, MD, Susan L	Allegheny
FLURKEY, MD, Emerson C	Dauphin
FLYNN, MD, J Dennis	Blair
FLYNN, MD, Janeane M	Fayette
FLYNN, MD, Richard J	Bradford
FLYNN-RODDEN, MD, Karin	Philadelphia
FOBIA, MD, John B	Philadelphia
FOCHLER, MD, Francis J	Blair
FODERARO, MD, Anthony E	Bucks
FODERARO, MD, John C	Philadelphia
FOGEL, MD, Stewart R	Allegheny
FOGLEY, MD, Anees R	Lackawanna
FOKSTUEN, MD, Terje S	Mckean
FOLANDER, MD, Hal L	Northampton

FOLDES, MD, Julius Luzerne
FOLDES, MD, Peter J Philadelphia
FOLDES, MD, Steven I Montour
FOLDES-ROTH, MD, Elisabeth Berks
FOLEY, MD, Edward C Allegheny
FOLEY, MD, T Raymond Lancaster
FOLK, MD, Jeffrey R Luzerne
FOLK, DO, Mark E Lebanon
FOLLETT, MD, Joseph V Bradford
FOLLWEILER, MD, Barry R Lehigh
FOLTZ, EXEC SEC, Susan Lebanon
FONOROFF, MD, David L Allegheny
FONTANA, MD, Armand L Allegheny
FONTANA, MD, Frank L Allegheny
FOOR, MD, Jeffrey L Bedford
FOOTERMAN, MD, David S Philadelphia
FOOTERMAN, MD, Harold Allegheny
FORBES, MD, J Dexter Allegheny
FORBES, MD, Thomas W Allegheny
FORCE, MD, Thomas B Philadelphia
FORCEY, MD, Clarke M Centre
FORCEY, MD, Lloyd R Lycoming
FORCINA JR, MARIO L Student
FORD, MD, Donald P Philadelphia
FORD, MD, Francis W Bucks
FORD, MD, Robert W Allegheny
FORD, MD, William B Allegheny
FORD, MD, William T Lycoming
FOREMAN, MD, Bruce P Erie
FOREMAN, MD, Joseph Philadelphia
FOREST, MD, Jean L Philadelphia
FORKER, MD, Thomas Lebanon
FORKER, MD, Thomas S Lycoming
FORMAN, MD, Harvey R Philadelphia
FORMAN, MD, Irwin H Lancaster
FORMAN, MD, Joseph E Philadelphia
FORMAN, MD, Kenneth J Philadelphia
FORMAN, MD, Samuel Philadelphia
FORMAN, MD, Steven D Allegheny
FORMAN, MD, Wendy L Philadelphia
FORNASIER, MD, Louis S Delaware
FORNWALT, MD, George R Delaware
FORNWALT, MD, Helen L Philadelphia
FORREST, MD, Leonard E Erie
FORREY, EXEC SEC, Candy Monroe
FORSTATER, MD, Alan T Philadelphia
FORSTER, DO, Carl J Schuylkill
FORSYTHE, MD, Patrick D B Dauphin
FORTI, MD, William P Dauphin
FORTIER, MD, Gregory A York
FORTUNATO, MD, James J Allegheny
FOSNOCHT, KEVIN M Student
FOSS, MD, David E Allegheny
FOSTER, MD, Coralee Philadelphia
FOSTER, MD, Crispin B Dauphin
FOSTER, DO, Douglas C Dauphin
FOSTER, MD, Howard K Allegheny
FOSTER, MD, Ian S Monroe
FOSTER, MD, Jill A Philadelphia
FOSTER, MD, Jody Jane Philadelphia
FOSTER, MD, John S Chester
FOSTER, MD, Mark R Allegheny
FOSTER, MD, Richard B Bradford
FOSTER, MD, Sylvia L Montgomery
FOSTER, MD, Walter D Westmoreland
FOSTER, MD, Walter R Allegheny
FOSTER JR, MD, John V Dauphin
FOULK JR, MD, Morris Delaware
FOULSHAM II, MD, Charles K Clinton
FOURNIER, MD, Raymond Lackawanna
FOUST, MD, Tilman H Dauphin
FOUST, MD, Wilson A Lancaster
FOWBLE, MD, Barbara Philadelphia
FOWLER, MD, David P Allegheny
FOWLER, MD, Eric K Lancaster
FOWLER, MD, Paul B Philadelphia
FOX, MD, Craig D Washington
FOX, MD, Donald C Butler
FOX, MD, Lawrence M Philadelphia
FOX, MD, Michael J Philadelphia
FOX, MD, Robert D Philadelphia
FOX, MD, Roger E Delaware
FOX, DO, Stanley A Northampton
FOX, MD, Stephen C Chester
FOX, MD, William F Lehigh
FOX IV, MD, James W Philadelphia
FOXX, MD, William F Chester
FRABLE, MD, Dean G Schuylkill
FRAGOLA, MD, Jorge A Allegheny
FRAKES, MD, Charles R Berks
FRAKES, MD, Shirley I Philadelphia
FRALEY, MD, Henry W Armstrong
FRAME, MD, David C Washington
FRANCE, MD, Laurence W Lancaster
FRANCESCANGELI JR, MD, Vincent Monroe
FRANCIS, MD, George J Allegheny
FRANCIS, MD, Leon R Luzerne
FRANCIS, MD, Paul D Montour
FRANCO, MD, Alexander Centre
FRANCOIS, MD, Max B Berks
FRANGOS, MD, James N Lackawanna
FRANK, MD, Barbara B Delaware
FRANK, MD, David J Philadelphia
FRANK, MD, Evan D Philadelphia
FRANK, MD, Herbert L Dauphin
FRANK, MD, Jeffrey B Berks
FRANK, MD, Leonard A Montgomery
FRANK, MD, Martin N Montgomery
FRANK, MD, Paul E Montgomery
FRANK, MD, Robert L Montgomery
FRANK, DO, Ronald B Montgomery
FRANK, TOBY L Student
FRANK, MD, William O Philadelphia
FRANKE, MD, Frederick R Allegheny
FRANKEL, MD, Arthur M Montgomery
FRANKEL, MD, Carl A Dauphin
FRANKEL, MD, Harry A Philadelphia
FRANKEL, MD, Leon A Philadelphia
FRANKEL, MD, Leslie B Montgomery
FRANKEL, MD, Linda K Philadelphia
FRANKEL, MD, Matthew C Philadelphia
FRANKEL, MD, Sharon R Dauphin
FRANKEL, MD, Victor R Philadelphia
FRANKENFIELD, MD, Bruce A Lehigh
FRANKENSTEIN, MD, Herbert Allegheny
FRANKL, MD, William S Philadelphia
FRANKLIN, MD, Bethala B Philadelphia
FRANKLIN, MD, David P Montour
FRANKLIN, MD, Irvin D Bucks
FRANKLIN, MD, John W B Allegheny
FRANKOVITCH, MD, Karl F Erie
FRANTZ, MD, Alfred S Franklin
FRANTZ, MD, Linda S Lackawanna
FRANTZ, MD, Robert C Berks
FRANTZ, MD, Robert R Carbon
FRANZ, MD, John P Allegheny
FRANZ, DO, Mark G Fayette
FRANZ, PAMELA J Student
FRANZ, MD, Thomas A Allegheny
FRANZBLAU, MD, Natali R Philadelphia
FRASER III, MD, Hugh E Montour
FRATTALI, MD, August Lackawanna
FRATTANI, MD, Mark A Philadelphia
FRAUNFELDER, MD, John A Northampton
FRAYER, MD, William C Philadelphia
FRAZER, MD, Carolyn H Philadelphia
FRAZER, MD, Margaret L Lackawanna
FRAZIER, MD, Thomas G Montgomery
FRAZIER II, MD, John E Allegheny
FRECHIE, DO, Peter B Montgomery
FREDERIC, MD, Myron W Philadelphia
FREDERICK, MD, Paul L Armstrong
FREDERICKS, MD, Lillian E Philadelphia
FREDERICKSON, MD, Howard N York
FREDRICK, MD, Cynthia C Philadelphia
FREDRICKSON, MD, Victor J Bucks
FREEBERG, MD, John R Montgomery
FREEDBERG, MD, Lawrence E Westmoreland
FREEDMAN, MD, Abraham G Philadelphia
FREEDMAN, MD, Allan P Philadelphia
FREEDMAN, MD, Donald B Dauphin
FREEDMAN, MD, E Fannie Philadelphia
FREEDMAN, MD, Jacob J Philadelphia
FREEDMAN, MD, Lawrence T Montgomery
FREEDMAN, MD, Louis J Luzerne
FREEDMAN, DO, Susan R Centre
FREEHAFER, MD, John F Chester
FREELAND, CYNTHIA A Student
FREELAND, MD, George R Delaware
FREEMAN, MD, Albert W Franklin
FREEMAN, MD, Richard E Potter
FREEMAN, MD, William A Franklin
FREENOCK JR, MD, Thomas F Delaware
FREER, MD, Carol V York
FREESWICK, MD, Paul D Allegheny
FREIFELD, MD, Martin L Luzerne
FREILICH, MD, Howard S Philadelphia
FREIMAN, MD, David B Philadelphia
FREIMUTH, MD, Erich J Montgomery
FREISTAT, MD, Eric T Dauphin
FREIWALD, MD, Milton J Philadelphia
FREM, MD, George J York
FREMER, MD, Abraham Philadelphia
FREMPONG-BOADU, ANTHONY K Student
FRENCH, MD, Elizabeth G Chester
FRENCH, MD, Gordon N Chester
FRENCH, MD, Travis A Lawrence
FRENCH, MD, William M Montour
FRESHMAN, MD, John R Dauphin
FREY, MD, Jeffrey A York
FREYMAN, MD, Leon Montgomery
FREYNIK, MD, Joseph G Lycoming
FRIBERG, MD, Thomas R Allegheny
FRICCHIONE, MD, Patrick J Philadelphia
FRICKER, MD, Edward Cambria
FRIDAY, MD, Daniel M Blair
FRIDAY, MD, John R Allegheny
FRIDAY, MD, Rupert H Allegheny
FRIDAY JR, MD, Gilbert A Allegheny
FRIED, MD, Jeffrey A Indiana
FRIED, MD, Martin B Luzerne
FRIED, MD, Robert C Chester
FRIEDBERG, MD, Andrea L Montgomery
FRIEDBERG, MD, Jay G Bucks
FRIEDBERG, MD, Milton J Lehigh
FRIEDENBERG, MD, Frank K Philadelphia
FRIEDENBERG, MD, Steven S Northampton
FRIEDENBERG, MD, Zachary B Philadelphia
FRIEDLANDER, MD, Mark S Delaware
FRIEDLANDER, MD, Milton A Dauphin
FRIEDLANDER, MD, Myron Allegheny
FRIEDMAN, MD, Abraham W Allegheny
FRIEDMAN, MD, Adele K Philadelphia
FRIEDMAN, MD, Alan Lee Philadelphia
FRIEDMAN, MD, Bart J Westmoreland
FRIEDMAN, MD, Ben-Zion Delaware
FRIEDMAN, MD, Carl J Chester
FRIEDMAN, DO, David S Montgomery
FRIEDMAN, MD, Donald Delaware
FRIEDMAN, MD, Ellis F Berks
FRIEDMAN, MD, Gerald M Columbia
FRIEDMAN, MD, Henry B Luzerne
FRIEDMAN, MD, Irwin Bucks
FRIEDMAN, MD, Jeffrey Philadelphia
FRIEDMAN, MD, Jerald N Northampton
FRIEDMAN, MD, Louis L Allegheny
FRIEDMAN, MD, Mark C Dauphin
FRIEDMAN, DO, Martin L Philadelphia
FRIEDMAN, MD, Paul A Montgomery
FRIEDMAN, MD, Paul S Philadelphia
FRIEDMAN, MD, Phillip Bucks
FRIEDMAN, MD, Robert B Allegheny
FRIEDMAN, MD, Ronald H Philadelphia
FRIEDMAN, SARI K Student
FRIEDMAN, MD, Sidney Philadelphia
FRIEDMAN, MD, Sumner H Dauphin
FRIEDMANN, DO, Daniel V Philadelphia
FRIEDRICH, MD, Joachim H York
FRIEDRICH, MD, Roland York
FRIEDRICH, MD, Tomas York
FRIEDSAM, MD, Patricia L Washington
FRIEMAN, MD, Barbara G Philadelphia
FRIEND, MD, Arthur Luzerne
FRIES, MD, Gene T Lycoming
FRISCH, MD, Mark B Philadelphia
FRISCH, MD, Sandford C Lancaster
FRISHMUTH, MD, Gertrude J Philadelphia
FRITCHEY JR, MD, John A Dauphin
FRITCHLEY, MD, Rodney B Cumberland
FRITER, MD, Barry S Philadelphia
FRITZ, MD, Louisa J Wyoming
FRITZ, MD, William D Venango
FRITZ JR, MD, Karl J Warren
FRIZZI, JAMES D Student
FROBESE, MD, Alfred S Philadelphia
FROEHLICH, MD, A David Dauphin
FROESCHLE, MD, James E Lehigh
FROMAN, MD, Stephen M Beaver
FROMME, MD, Kenneth L Dauphin
FRONCZEK JR, MD, William M Washington
FRONCZEK SR, MD, William M Allegheny
FRONDUTI, MD, Lucian J Westmoreland
FRONDUTI, MD, Robert L Allegheny
FROOZAN, MD, Homayoon Lackawanna
FROST, MD, Albert G Montgomery
FROST, MD, Stephen S Philadelphia
FROST JR, MD, William W Washington
FRUMIN, MD, Abraham M Philadelphia
FRY, MD, Chloe O Dauphin
FRY, MD, Robert L Franklin
FRYCZYNSKI, MD, Thaddeus P Erie
FRYE, MD, John W Luzerne
FRYE, DO, Joyce Philadelphia
FRYE, MD, Veryl F Clinton
FRYER, ERIC J Student
FRYER, MD, Theresa F Erie
FU, MD, Freddie H Allegheny
FUCHS, MD, Scott Lee Philadelphia
FUENTES, MD, Michael A Allegheny
FUERST, MD, Nicholas E Washington
FUGARO, DO, Anthony J Montgomery
FUGATE, MD, James K Jefferson
FUGATE, DO, Jeffrey S Dauphin
FUGATE, MD, Kenneth K Dauphin
FUGATE JR, MD, Howard Jefferson
FUGE, MD, L H Allegheny
FUHRMAN, MD, Carl R Allegheny
FUJIMAGARI, MICHAEL M Student
FUJIMAGARI, MD, Tak Lawrence
FUKUI, MD, Melanie B Allegheny
FUKUI, MD, Paul T Chester
FULCHIERO, MD, Gregory J Blair
FULCINITI, MD, Rocco A Allegheny
FULD, MD, Robert A Lebanon
FULTON, MD, William O York
FULTZ, MD, Craig W Dauphin
FUNCH, MD, Ross S Philadelphia
FUNG, MD, John J Allegheny
FUNK JR, MD, Elmer H Philadelphia
FUNK JR, MD, F Coleman Lycoming
FUNKE, MD, Alvin H Columbia
FUNKHOUSER, MD, George R Montour
FUNKHOUSER, MD, Jay L Beaver
FUNT, MD, Loren Allegheny
FUOCO, MD, John J Mifflin/Juni
FUREY, DO, Kevin P Philadelphia
FUREY, MD, Sandy A Lackawanna
FUREY JR, MD, Charles A Philadelphia
FURGIUELE, MD, Francis P Montgomery
FURGIUELE-IRACKI, MD, Natalie Allegheny
FURIA, MD, Frederick A Delaware
FURIA, MD, Robert Delaware
FURIGAY, MD, R L Cambria
FURLONG, BRENDAN R Student
FURMAN, MD, Donald J Warren
FURMAN, MD, Harold B Montgomery
FURMAN, MD, Joseph M R Allegheny
FURMAN, MICHAEL B Student
FURNARY, MD, James S Cambria
FURNER, DO, Carl L Luzerne
FURR, MD, Charles M Erie
FUSCO, MD, Robert D Allegheny
FUSCO-RIPKA, MD, Giovanna D Berks
FUSIA, MD, Joseph F Allegheny
FUSIA JR, MD, Donald A Westmoreland
FUST, MD, John A Erie
FUTCHER, MD, Palmer H Philadelphia
FUTRELL, MD, J William Allegheny

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GAARY, MD, Alvin E Delaware
GABALA, MD, John M Northmbrland
GABE, DO, Charles E Jefferson
GABOS, MD, Charles W Allegheny
GABOS, MD, Dennis K Allegheny
GABOS, MD, Paul Allegheny
GABRIEL, MD, Daniel E Washington
GABRIEL, JOSUE P Student
GABRIEL, MD, Larry C Lawrence
GABRIEL, MD, Louis T Schuylkill
GABRIEL, MD, Peter Fayette
GABRIEL, MD, Steven A Lawrence
GABRIEL, MD, Veronica Montgomery
GABRIELE, MD, August A York
GABROY, MD, Allen S Delaware
GABUZDA, MD, Thomas G Philadelphia
GADBOIS, MD, William F Northampton
GAFFNEY, MD, Edmund J Montgomery
GAFFNEY, MD, John J Lackawanna
GAFFNEY, MD, Paul C Allegheny
GAFFORD, MD, Grady D Tioga
GAGIANAS, MD, Peter J Allegheny
GAGLIARDI, MD, Ida J Butler
GAIA, MD, Juan D Luzerne
GAIDYS, MD, William G Bradford
GAIESKI, DAVID F Student
GAILANI, MD, Mae R Allegheny
GAIN, MD, Thomas B Philadelphia
GAINOR, MD, Patricia A Fayette
GAINOR, ROBERT E Student
GAISFORD, MD, John C Allegheny
GAITHER, MD, Herbert Dauphin
GAJULA, MD, L Narayan Carbon
GALANIS, MD, Sotire E Lancaster
GALANTE, MD, Lisa Philadelphia
GALASKA, MD, Henry J Allegheny
GALASSI JR, MD, Joseph W Student
GALASSO, MD, Gwendolyn M Delaware
GALATI, MD, Victor G Delaware
GALELLA, MD, Nancy M Montgomery
GALENA IV, EDWARD C Student
GALEO, MD, Anthony J Philadelphia
GALGON, MD, John P Lehigh
GALIA, MD, Joseph H Delaware
GALIB, MD, Samuel H Chester
GALIETTA, MD, Maryann C Bucks
GALLAGER, MD, James G Montour
GALLAGHER, MD, Bryan J Dauphin
GALLAGHER, MD, Doris B Montgomery
GALLAGHER, MD, Henry G Luzerne
GALLAGHER, MD, John E Armstrong
GALLAGHER, DO, John M Erie
GALLAGHER, MD, John T Bucks
GALLAGHER, MD, Michael D York
GALLAGHER, MD, Michael J Lackawanna
GALLAGHER, MD, Philip E Erie
GALLAGHER, WILLIAM J Student
GALLAGHER-SHRIFT, MD, Katherine A Dauphin
GALLANT, MD, Andrew S Philadelphia
GALLETTA, MD, Anthony S Washington
GALLI, MD, Sharon A Allegheny
GALLIA, MD, Francis J Dauphin
GALLIGAN, MD, William J Philadelphia
GALLITANO, AMELIA L Student
GALOS, MD, Richard S Allegheny
GALTMAN, MD, Lawrence M Lehigh
GALUCKI, MD, Shirley V Northampton
GAMAITONI, CARLO J Student
GAMBERINO, WILLIAM C Student
GAMBESCIA, MD, Joseph M Philadelphia
GAMBETTA, MD, Esmeralda Philadelphia
GAMMON, RICHARD R Student
GANDHI, MD, Anant J Allegheny
GANDHI, MD, Harsh Luzerne
GANDOTRA, MD, Krishna Allegheny
GANDY, DO, Daniel R Lycoming
GANGLOFF, MD, Michael A York
GANIME, MD, Peter D Montgomery
GANNON, CATHERINE M Student
GANNON, MD, Mark P Montour
GANNON, MD, Reynaldo T Cambria
GANNON, MD, Robert P Allegheny
GANOTT, MD, Marie A Allegheny
GANSMAN, MD, David H Philadelphia
GANSNER, MD, Robyn K Philadelphia
GARABEDIAN, MD, Joseph A Montgomery
GARBAK, MD, Frank Philadelphia
GARBARINO, MD, Joseph L Northampton
GARBER, MD, Edward H York
GARBER, MD, Scott J Montgomery
GARBERMAN, MD, Scott F Montgomery
GARBES, MD, Archimedes D Montour
GARCIA, MD, Alfredo J Butler
GARCIA, MD, Antonio S Berks
GARCIA, MD, Celso R Philadelphia
GARCIA, MD, Diosdado A Allegheny
GARCIA, MD, Dominador I Chester
GARCIA, MD, Domingo A Franklin
GARCIA, MD, Emanuel E Philadelphia
GARCIA, MD, Gerald D Dauphin
GARCIA, MD, Guillermo Dauphin
GARCIA, MD, Jose A Dauphin
GARCIA, MD, Jose C Philadelphia
GARCIA, MD, Jose R Lehigh

GARCIA, MD, Laureano P	Philadelphia
GARCIA, MD, Marian	Centre
GARDEN, MD, Marc David	Philadelphia
GARDENER, MD, Ralph	Allegheny
GARDNER, MD, Alan M	Chester
GARDNER, DO, Bonnie J	Philadelphia
GARDNER, MD, George E	York
GARDNER, MD, Harry W	Mifflin / Juni
GARDNER, MD, James L	Lawrence
GARDNER, MD, John C	Wyoming
GARDNER, DO, Marshall K	Philadelphia
GARDNER, MD, Morris Z	Allegheny
GARDNER, MD, Robert S	Allegheny
GARDNER, MD, Shyrelle	Philadelphia
GARDNER, MD, Stuart A	Lawrence
GARDNER, MD, Thomas W	Venango
GARDNER, TODD E	Student
GARDYASZ, MD, Miroslaw D	Dauphin
GAREIS, MD, John W	Lancaster
GARES, MD, Kathie Ann	Philadelphia
GAREY, MD, Herman S	Lackawanna
GARFINKEL, MD, Marc E	Allegheny
GARFINKLE, MD, William B	Philadelphia
GARLOFF, DO, Samuel J	Schuylkill
GARMAN, MD, Ray F	Bradford
GARNER, MD, Blaine R	Bucks
GARNER, MD, Lois L	Venango
GARNER, MD, William J	Allegheny
GARNET, MD, James D	Philadelphia
GAROFALO, MD, Carl A	Fayette
GAROFOLA, MD, John H	Lancaster
GAROFOLI, MD, Caesar A	Allegheny
GARONE, MD, Marlene	Allegheny
GARRETT, MD, Jeffrey S	Allegheny
GARRETT, MD, John C	Bradford
GARRETT, MD, Kevin O	Allegheny
GARRETT, MD, Paul R	Bucks
GARRETT JR, MD, William S	Allegheny
GARRETTSON, MD, James A	Indiana
GARRIDO, MD, Eddy	Lancaster
GARRIOTT, MD, John C	Mercer
GARROTT, MD, John W	Armstrong
GARSON, MD, Warfield	Allegheny
GARTLAND, DO, Charles J A	Delaware
GARTLAND, MD, John J	Philadelphia
GARTNER, MD, William S	Delaware
GARTNER JR, MD, William S	Delaware
GARVER, MD, Kenneth L	Allegheny
GARVEY, MD, Edmund P	Lancaster
GARVEY, MD, William P	Erie
GARY, MD, Gerald L	Philadelphia
GARY, MD, Robert J	Lehigh
GASCON, MD, Perla G	Philadelphia
GASH, MD, Arnold K	Philadelphia
GASH, MD, Richard M	Philadelphia
GASIOR, MD, Thomas A	Allegheny
GASKINS, MD, Albert L	Philadelphia
GASOWSKI, MD, Gary L	York
GASPAR, MD, Stephen R	Philadelphia
GASPAR, MD, Victoria S	Philadelphia
GASPARI, MD, Raymond J	York
GASTALDO, MD, John A	Lancaster
GASTINEAU, MD, Robert M	Allegheny
GASULL JR, MD, H Robert	Perry
GATSKI, MD, Robert L	Montour
GATTER, MD, Robert A	Montgomery
GATTI, MD, Dominic L	Montgomery
GATTI, MD, Joseph W	Indiana
GATTUSO JR, MD, Joseph W	Blair
GAUDINO, MD, Walter J	Philadelphia
GAUDIO JR, MD, Ralph	Allegheny
GAUL, MD, James J	Bucks
GAULIN, MD, J Claude	Northampton
GAULT, MD, James H	Lancaster
GAUNTNER, MD, Wallace C	Allegheny
GAUS, MD, Victoria M	Mercer
GAUSE, MD, Paul E	Lancaster
GAUSS, MD, William F	Allegheny
GAVIN, MD, George M	Westmoreland
GAWCHIK, DO, Sandra M	Delaware
GAWLAS, DO, Michael R	Dauphin
GAY, MD, Thomas C	Allegheny
GAYDOS, MD, Anna E	Philadelphia
GAYDOS, MD, John D	Beaver
GAYDOS, MARIA A	Student
GAYDOS, MD, Thomas L	Northampton
GAYLOR, MD, Donald H	Lehigh
GAYNOR, MD, William B	Lancaster
GAZDER, MD, Aftab A	Northmbrland
GAZDICK, MD, Mary Anne	Montgomery
GAZEK, MD, Francisco A	Luzerne
GAZMEN, MD, Candonino C	Lackawanna
GAZOWSKI, MD, Thomas E	Luzerne
GEADAH, MD, Fouad A	Dauphin
GEARHART, MD, Lyster M	Lehigh
GEARN, MD, Mary E	Philadelphia
GEDEKOH, MD, Robert H	Allegheny
GEE, MD, William	Lehigh
GEER, MD, Frank D	Lawrence
GEETTER, MD, Philip H	Bucks
GEFFIN, MD, Joel A	Allegheny
GEGWICH, MD, Frank	Columbia
GEGWICH, MD, Joseph F	Columbia
GEHL, MD, Leonard G	Allegheny
GEHL, MD, Richard S	Allegheny
GEHMAN, MD, John W	Mifflin / Juni
GEHMAN, MD, M Jack	Berks
GEHRING, MD, David A	Venango
GEHRIS, MD, James C	Northmbrland
GEHRIS, MD, Leroy A	Berks
GEHRON JR, MD, William H	Lycoming
GEIB, ELIZABETH H	Student
GEIGER, MD, Leonard R	Montgomery
GEIGLE, MD, Carl F	Erie
GEISE, DO, Steven W	Clinton
GEISELMAN, MD, Douglas L	York
GEIST, MD, Audrey A	Philadelphia
GELACEK, MD, Philip A	Armstrong
GELB, MD, Howard J	Philadelphia
GELB, IRA D	Student
GELB, JEFFREY S	Student
GELEHRTER, MD, Joseph	Philadelphia
GELET, MD, Theodore R	Allegheny
GELETKA, MD, Susan M	Allegheny
GELFAND, MD, David	Philadelphia
GELFAND, MD, Steven B	Venango
GELLER, MD, Joseph	Philadelphia
GELLER, MD, Mark J	Allegheny
GELLER, MD, Michael H	Lehigh
GELLER, DO, Robert J	Delaware
GELMAN, DO, Andrew J	Philadelphia
GELMAN, MD, Bruce P	Philadelphia
GELMAN, MD, Jack J	Philadelphia
GEMIL, MD, Corazon G	Chester
GEMMILL, MD, Reginald B	York
GENATO, MD, Jaime M	Westmoreland
GENC, MD, Salim	Mifflin / Juni
GENDELL, MD, Howard M	Allegheny
GENERALOVICH, MD, Thomas	Allegheny
GENERETTE, MD, William O	Allegheny
GENNARELLI, MD, Thomas A	Philadelphia
GENNAULA, CHARLES P	Student
GENOVESE, MD, Frank N	Armstrong
GENT, MD, Donald H	York
GENTER, MD, Bruce E	Philadelphia
GENTILE, MD, Anthony F	Allegheny
GENTILE, MD, Anthony J	Lackawanna
GENTILEZZA, MD, Kenneth W	Lackawanna
GENTZLER II, MD, Richard D	Lancaster
GEORGE, MD, Argilla R	Lancaster
GEORGE, MD, David L	Berks
GEORGE, MD, Douglas T	Crawford
GEORGE, MD, Jacob	Erie
GEORGE, MD, James M	Allegheny
GEORGE, MD, John J	Allegheny
GEORGE, MD, Robert A	Allegheny
GEORGE, MD, Robert B	Franklin
GEORGE, MD, Robert N	Allegheny
GEORGETSON, MD, Michael J	Bradford
GEORGEVICH, MD, Philip G	Allegheny
GEORGIADES, MD, Athan H	Allegheny
GEORGIADIS, MARK S	Student
GEORGY, MD, Farouk M	Lycoming
GERACI, MD, Gaspere C	Dauphin
GERARD, MD, Jody	Allegheny
GERARD, MD, Joseph A	Allegheny
GERBER, MD, Harris S	Philadelphia
GERBER, DO, Melvin D	Lancaster
GERBER, MD, Michael L	Allegheny
GERBER, MD, Paul	Philadelphia
GERBER, MD, Walter L	Philadelphia
GERBERT, MD, Kathleen H	Lancaster
GERBSTADT, MD, Christine R	Philadelphia
GERCHMAN, MD, Leroy B	Lehigh
GERDES, MD, Jeffrey S	Philadelphia
GERDES JR, MD, Joseph H	Dauphin
GEREWITZ, MD, Fredric B	Montgomery
GERGER, MD, Joseph P	Westmoreland
GERHARD, MD, Wilhelm	Delaware
GERHART, MD, George R	Berks
GERHART, MD, Willis C	Montgomery
GERIG, MD, John S	Montour
GERLACH, MD, Detlef H	York
GERLACH IV, MD, Charles D	Dauphin
GERMAN, MD, Antonio I	Erie
GERMAN, MD, Terry M	Montgomery
GERNETH, MD, George J	Allegheny
GERONIMO, MD, Lauro S	Northampton
GERSHENSON, MD, Stephen R	Montgomery
GERSHKOFF, MD, Arthur M	Philadelphia
GERSHON, DO, Justin H	Montgomery
GERSON, MD, Andrew G	Montgomery
GERSON, MD, Benjamin	Philadelphia
GERSON, MD, Irvin M	Montgomery
GERSTLEY III, MD, Louis	Philadelphia
GESSNER, NANCY L	Student
GESSNER, MD, Thomas P	Westmoreland
GETTE, MD, Michael T	Dauphin
GETZ, DO, Harry D	Bucks
GETZ, MD, William B	Philadelphia
GETZOW, MD, Martin B	Bucks
GEVAERT, MD, Michael L	Philadelphia
GEVJAN, MD, Armen H	Delaware
GEWIRTZMAN, MD, Steven M	Philadelphia
GEYER, MD, David W	Berks
GHAHRAMANI, MD, Mahmood	Bucks
GHASSEM, MD, Kalani	Philadelphia
GHATAK, MD, Peter K	Northampton
GHATE, MD, Sharad B	Indiana
GHATNEKAR, MD, Jai V	Allegheny
GHATNEKAR, MD, Revati Jai	Allegheny
GHAYAD, MD, Pierre Y	Delaware
GHIA, MD, Pradeep S	Northampton
GHOSH, MARTHA S	Student
GHOSH, MD, Suresh C	Philadelphia
GHOSH, MD, Tarit K	Montour
GHOSHHAJRA, MD, Kalyanmay	Allegheny
GIACCIA, MD, Amato	Berks
GIACOBBO, MD, John N	Philadelphia
GIAMBER, MD, Samuel R	Northampton
GIAMMATTEI, MD, Frank P	Delaware
GIANFAGNA, MD, William J	Schuylkill
GIANNASIO, MD, Charles V	Montgomery
GIANNI, PAMELA I	Student
GIANNOPOULOS, MD, Peter H	Chester
GIARDINO, MD, Angelo R	Philadelphia
GIBBLE, MD, Leon W	York
GIBBONS, MD, Jacquelyn H	Delaware
GIBBONS, MD, Richard E	Philadelphia
GIBBONS, MD, Robert J	Luzerne
GIBBONS, MD, William P	Blair
GIBBS, MD, Judith A H	Monroe
GIBBS, MD, Winfield S	Northmbrland
GIBNEY, DO, Michael J	Chester
GIBSON, MD, Alice S	Allegheny
GIBSON, MD, Barbara B	Philadelphia
GIBSON, MD, F Clay	Westmoreland
GIBSON, MD, Keith	Montour
GIBSON, MD, William B	Delaware
GIBSON, MD, William S	Montour
GIBSON, MD, William S	Allegheny
GIBSON JR, MD, Roy L	Allegheny
GIDDINGS, MD, Neil A	Montour
GIERING, MD, John F	Luzerne
GIERINGER, MD, Roberta L	Berks
GIESECKE, MD, Susan B	Berks
GIESZCZYKIEWICZ, MD, Tadeusz A	Allegheny
GIFFORD, MD, Robert R M	Dauphin
GIGA, MD, Judith P	Allegheny
GILARSKY, MD, Bruce P	York
GILBERT, DO, Max	Philadelphia
GILBERT, MD, Robert P	Philadelphia
GILBERT, STEVEN L	Student
GILBERTI, MD, Frank F	Allegheny
GILBERTI, MD, Michael V	Allegheny
GILDAY, MD, Frank J	Philadelphia
GILDEA, MD, James E	Dauphin
GILFEATHER, MD, Brian M	Montgomery
GILFILLAN III, MD, A George	Berks
GILFORD, MD, Lawrence M	Clarion
GILGORE, MD, Gary S	Philadelphia
GILHOOLEY, MICHAEL G	Student
GILKEY, MD, Edward A	Monroe
GILL, MD, Donald J	Philadelphia
GILL, MD, Robert J	Philadelphia
GILL III, MD, Thomas J	Allegheny
GILLEN, MD, George P	Northampton
GILLEN, MD, James P	Montour
GILLEN, MD, Patricia	Allegheny
GILLICK, MD, Alan P	Lackawanna
GILLIGAN, MD, Frank P	Delaware
GILLILAND, MD, Martin E	Erie
GILLIO, MD, Robert G	Lancaster
GILLIS, MD, Angus T	Lancaster
GILLIS, MD, Victoria A	Armstrong
GILLOTT, MD, Anthony R	Bradford
GILLUM, MD, David F	Tioga
GILLUM, MD, Diane R	Philadelphia
GILMAN, MD, Edward	Allegheny
GILMAN, MD, Paul B	Philadelphia
GILMORE, MD, Frederick R	Clearfield
GILMORE, MD, George H	Allegheny
GILMORE, MD, Ina M	Bradford
GILMORE, MD, Irvin W	Berks
GILMORE, MD, James	Allegheny
GILMORE JR, MD, Hugh R	Delaware
GILOT, MD, Jean M	Blair
GILROY, MD, Robert C	Dauphin
GINCHEREAU, MD, Eugene H	Allegheny
GINGRICH, MD, Kerry H	Lebanon
GINGRICH JR, MD, Russell L	Lebanon
GINIECZKI, MD, Chester J	Philadelphia
GINSBERG, MD, Craig Allan	Philadelphia
GINSBERG, MD, David K	Philadelphia
GINSBERG, MD, Gary	Berks
GINSBERG, MD, Gene H	Lehigh
GINSBERG, MD, Joseph E	Lawrence
GINSBERG, DO, Phillip C	Philadelphia
GINSBURG, MD, Abraham	Philadelphia
GINSBURG, MD, David S	Delaware
GINSBURG, MD, Howard H	Philadelphia
GINSBURG, MD, John L	Union
GINSBURG, MD, Michael J	Allegheny
GINSBURG, MD, Nathan N	Lawrence
GINSBURG, DO, Richard E	Philadelphia
GINSBURG, MD, Silas	Montgomery
GINTER JR, MD, George C	Lycoming
GIOMBETTI, MD, Joseph J	Lackawanna
GIORDANO, MD, Lorraine M	Philadelphia
GIORDANO, MD, Nicholas D	Luzerne
GIORGIO, MD, Quentin M	Delaware
GIOVANNELLI, MD, Anne S	Philadelphia
GIRARDO, MD, Salvatore P	Philadelphia
GIRDANY, MD, Bertram R	Allegheny
GIRDANY, MD, David S	Allegheny
GIRDHAR, MD, Rabindra	Allegheny
GIRONE, MD, Joseph A C	Bucks
GIRONE, MD, Joseph F	Philadelphia
GIRSH, MD, Leonard S	Philadelphia
GIRTON, MD, Keith E	Clinton
GISH, MD, Joel S	Lebanon
GISLASON, MD, G John	Philadelphia
GITLIN, MD, Melvin C	Cumberland
GITTINGS, MD, Paul E	Allegheny
GITTLEMAN, MD, Mark A	Lehigh
GITTLEMAN, MD, Stanton C	Philadelphia
GITTLEN, MD, Stanford D	Bucks
GIUDICE, MD, Virginio J	Philadelphia
GIUGLIANO, MD, Frank J	Columbia
GIULIAN, MD, Bertrand B	Dauphin
GIULIANO, VINCENZO	Student
GIUNTOLI, MD, Robert L	Philadelphia
GIURGIU, DAN I	Student
GIVEN, MD, Kenneth M	Philadelphia
GLAD, LAWRENCE J	Student
GLADSHTEIN, MD, Sonya	Bucks
GLADSTONE, MD, Julian L	Delaware
GLAH, DO, James J	Bedford
GLAH JR, MD, Henry J	Lancaster
GLANTZ, MD, Andrew I	Northampton
GLANZBERG, MD, Pauline	Montgomery
GLASER, MD, Alan L	Erie
GLASER, MD, Barry L	Montgomery
GLASKIN, MD, Allen	Philadelphia
GLASS, MD, Phillip	Philadelphia
GLASS, MD, Samuel L	Cambria
GLASSBURN, MD, Edward M	Allegheny
GLASSBURN, MD, John R	Philadelphia
GLASSER, MD, Stuart A	Westmoreland
GLASSMAN, MD, Joel M	Philadelphia
GLASSNER, MD, Samuel H	Montour
GLASSO, MD, Louis C	Allegheny
GLAUSER, MD, Elinor M	Philadelphia
GLAUSER, MD, Felix E	Dauphin
GLAUSER, MD, Terry A	Montgomery
GLAZER, MD, Robert M	Philadelphia
GLAZERMAN, MD, Larry R	Lehigh
GLAZMAN, MD, Lyudmila	Philadelphia
GLEASON, MD, James A	Allegheny
GLEASON, JAMES B	Student
GLEDITSCH, MD, Scott D	Allegheny
GLEESON, MD, George H	Allegheny
GLEESON, MD, George L	Dauphin
GLEESON, SEAN P	Student
GLENNEY, MD, Wilton	Schuylkill
GLICINI, MD, Robert L	Luzerne
GLICK, MD, Abraham	Philadelphia
GLICK, MD, Harold M	Allegheny
GLICK, MD, Kenneth A	Allegheny
GLICK, MD, Ronald M	Allegheny
GLICKMAN, MD, Lee M	Philadelphia
GLIELMI, DO, Vincent D	Lancaster
GLIKMAN, MD, Nadezhda	Philadelphia
GLORIOSO, MD, Joseph J	Allegheny
GLORIOSO, MD, Robert C	York
GLOSSER, MD, William E	Berks
GLOWACKI, MD, Francis L	Venango
GLUCK, MD, Julie L	Allegheny
GLUCKMAN, MD, Robert J	Allegheny
GLUNK, MD, Daniel J	Lycoming
GLUNK, MD, Richard P	Philadelphia
GMUER, MD, Paul J	Erie
GNAU, MD, Charles R	Lebanon
GNEGY, MD, Richard	Allegheny
GO, MD, Alfonzo H L	Lycoming
GO, MD, Josephine L	Delaware
GO, MD, Peter T	Somerset
GO, MD, Welles P	Philadelphia
GO JR, MD, William C	Cambria
GOBEL, MD, Reginald T	York
GOBO, MD, Dean J	Philadelphia
GOCHNAUER, JOYCE E	Student
GOCHOCO, MD, Jacinto J	York
GOCIAL, MD, Benjamin	Philadelphia
GODDARD JR, MD, James E	Lancaster
GODFREY, DO, Craig R	Crawford
GODFREY, MD, David K	Mckean
GODINEZ, MD, Rodolfo I	Philadelphia
GODLA, MD, Gregory J	Allegheny
GODLEY, MD, Joanne	Philadelphia
GODSHALL, MD, Richard W	Bucks
GOEBEL, MD, Edward J	Philadelphia
GOEBERT, MD, Herbert W	Chester
GOEDECKE, MD, John B	Dauphin
GOEHRING, MD, Donald E	Butler
GOEHRING, MD, Walter O	Allegheny
GOESER, MD, Eugene	Delaware
GOESSLER, MD, Mary C	Allegheny
GOETZ, MD, Katharine M	Allegheny
GOFF, MD, Sharon E	Cambria
GOGLIN, MD, Brett W	Franklin
GOKHALE, MD, Sudhir B	Erie
GOLANI, MD, Umesh A	Allegheny
GOLD, MD, Allan	Philadelphia
GOLD, MD, Barbara W	Philadelphia
GOLD, MD, Gordon R	Allegheny
GOLD, MD, Henry J	Philadelphia
GOLD, MD, Herman	Delaware
GOLD, MD, Morrie G	Chester
GOLDBACHER, MD, Arleen J	Philadelphia
GOLDBACHER, MD, Lawrence R	Philadelphia
GOLDBAUM, MD, Mitchell L	Philadelphia
GOLDBERG, MD, Andrew L	Allegheny
GOLDBERG, MD, Andrew N	Allegheny
GOLDBERG, MD, Barry B	Philadelphia
GOLDBERG, MD, Gary	Philadelphia
GOLDBERG, MD, Harry	Philadelphia
GOLDBERG, MD, Harvey E	Bucks
GOLDBERG, MD, Larry H	Philadelphia
GOLDBERG, MD, Lisa A	Allegheny
GOLDBERG, MD, Louis	Montgomery
GOLDBERG, DO, Richard A	Montgomery
GOLDBERG, MD, Richard E	Philadelphia
GOLDBERG, MD, Richard M	Montour
GOLDBERG, MD, Rochelle	Philadelphia
GOLDBERG, MD, Sheldon	Philadelphia
GOLDBERG, STACI L	Student
GOLDBERG, MD, Steven E	Philadelphia

GOLDBERG, MD, Stuart H	Dauphin
GOLDBERG, MD, Todd H	Philadelphia
GOLDBERGER, MD, Arnold	Philadelphia
GOLDBLATT, CURTIS S	Student
GOLDBLATT, MD, Sidney A	Cambria
GOLDBLUM, MD, Abraham D	Allegheny
GOLDBLUM, MD, Kenneth D	Chester
GOLDBLUM, MD, Lee J	Allegheny
GOLDBLUM, MD, Orin M	Allegheny
GOLDBLUM, MD, Raymond W	Allegheny
GOLDBURGH, MD, Warren P	Philadelphia
GOLDEN, MD, Mano R	Montgomery
GOLDEN, MD, Michael F	Chester
GOLDENBERG, MD, Arnold	Chester
GOLDENER, MD, John F	Montgomery
GOLDFARB, MD, Alvin F	Philadelphia
GOLDFARB, MD, Daniel D	Lehigh
GOLDFARB, MD, Harold J	Lehigh
GOLDFARB, MD, I William	Allegheny
GOLDFARB, MD, Richard M	Bucks
GOLDFEDER, MD, Warren J	Luzerne
GOLDFINE, MD, Alan	Chester
GOLDFINE, MD, Harry A	Philadelphia
GOLDIN, MD, Ralph J	Lancaster
GOLDING, MD, Daniel M	Philadelphia
GOLDING, MD, Irvin M	Allegheny
GOLDMAN, MD, Arthur	Delaware
GOLDMAN, MD, Barry	Philadelphia
GOLDMAN, MD, Gary L	Lancaster
GOLDMAN, MD, H Warren	Philadelphia
GOLDMAN, MD, Irving S	Allegheny
GOLDMAN, MD, Marvin	Philadelphia
GOLDMAN, MD, Richard J	Delaware
GOLDMAN, MD, Robert F	Franklin
GOLDMAN, MD, Scott M	Philadelphia
GOLDMAN, MD, Stanley R	Dauphin
GOLDMAN, MD, Stephen M	Philadelphia
GOLDMAN, SUSAN G	Student
GOLDMANN, MD, Bonnie J	Philadelphia
GOLDNER, MD, David B	Lehigh
GOLDNER, DO, Jonathan A	Monroe
GOLDSBERRY, MD, David T	Erie
GOLDSCHMIDT, MD, Herbert	Montgomery
GOLDSCHMIDT JR, MD, Joseph C	Delaware
GOLDSMITH, MD, Charles P	Lehigh
GOLDSMITH, MD, Joyce	Philadelphia
GOLDSMITH, MD, Kathleen M	Chester
GOLDSTEIN, MD, Arnold L	Bucks
GOLDSTEIN, MD, Arthur M	Philadelphia
GOLDSTEIN, MD, Bernard	Philadelphia
GOLDSTEIN, MD, David M	Allegheny
GOLDSTEIN, MD, Elliott J	Allegheny
GOLDSTEIN, MD, Erroll J	Lackawanna
GOLDSTEIN, MD, Franz	Philadelphia
GOLDSTEIN, MD, Gary N	Philadelphia
GOLDSTEIN, MD, Jacob	Philadelphia
GOLDSTEIN, MD, Jerome	Philadelphia
GOLDSTEIN, MD, Jerome B	Delaware
GOLDSTEIN, MD, Larry E	Philadelphia
GOLDSTEIN, MD, Mark A	Philadelphia
GOLDSTEIN, MD, Mark R	Delaware
GOLDSTEIN, MD, Morton L	Allegheny
GOLDSTEIN, MD, Neil H	Chester
GOLDSTEIN, MD, Norman A	Chester
GOLDSTEIN, MD, Norman S	Philadelphia
GOLDSTEIN, MD, Philip D	Montgomery
GOLDSTEIN, MD, Richard L	Philadelphia
GOLDSTEIN, MD, Richard S	Bucks
GOLDSTEIN, MD, Robert C	Philadelphia
GOLDSTEIN, MD, Scott D	Philadelphia
GOLDSTONE, MD, Sheldon B	Lackawanna
GOLDSTROHM, MD, Gregg L	Westmoreland
GOLDSTROHM, MD, Robert G	Indiana
GOLDWEIN, MD, Manfred I	Philadelphia
GOLIO, MD, Anthony G	Westmoreland
GOLLA, MD, Saraswathi K	Allegheny
GOLLATZ, MD, John W	Allegheny
GOLLOMP, MD, Stephen M	Delaware
GOLOMB, MD, Norman G	Washington
GOLTZ, MD, Gerald M	Allegheny
GOLTZMAN, MD, Carey S	Montgomery
GOMAR, MD, Alfonso A	Lackawanna
GOMBAR, MD, Edward F	Lackawanna
GOMBERG, MD, Jack A	Philadelphia
GOMBERG, MD, Jacqueline S	Montgomery
GOMEZ, MD, Luis L	Crawford
GOMEZ, MD, Sophie	Allegheny
GOMEZ-LOLO, MD, Veronica	Philadelphia
GONICK, MD, Paul	Philadelphia
GONNELLA, MD, Joseph S	Philadelphia
GONSKY, DO, Mark A	Luzerne
GONZALES, MD, Albert	Bucks
GONZALEZ, MD, Alejandro R	Allegheny
GONZALEZ, MD, Rene M	Allegheny
GONZALEZ-MASO, MD, George E	Philadelphia
GONZE, MARK D	Student
GOOD, MD, Daniel C	Lancaster
GOOD, MD, Gary R	Dauphin
GOOD, MD, Harry S	Lehigh
GOOD, MD, Milton S	Lancaster
GOOD, MD, Robert L	Lancaster
GOOD, MD, Robert P	Montgomery
GOOD, MD, Vance A	Bradford
GOODE JR, MD, John G	Philadelphia
GOODENOW, MD, Elizabeth L	Lycoming
GOODKIN, MD, Michael B	Delaware
GOODMAN, MD, Bruce	Dauphin
GOODMAN, MD, Bruce A	Bucks
GOODMAN, MD, Carl R	Montgomery
GOODMAN, MD, David B	Fayette
GOODMAN, MD, David M	Philadelphia
GOODMAN, MD, George B	Allegheny
GOODMAN, MD, Lowell I	Delaware
GOODMAN, MD, Mark A	Allegheny
GOODMAN, MD, Richard A	Allegheny
GOODMAN, MD, Sanford M	Montgomery
GOODNER, MD, David M	Philadelphia
GOODPASTOR, MD, William E	Mercer
GOODREAU, MD, James J	Lehigh
GOODRICH, MD, David C	Northampton
GOODRICH, MD, Edward Olin	Philadelphia
GOODRICH, MD, Jack K	Erie
GOODRICH, MD, Kenneth B	Allegheny
GOODSTEIN, MD, Michael H	Philadelphia
GOODWORTH, MD, John H	Allegheny
GOPAL, MD, Krishnan A	Allegheny
GOPAL, MD, Sarita	Philadelphia
GOPAL, MD, T A	Lehigh
GOPALANI, MD, Aziz A	Allegheny
GOPALANI, MD, Usha	Allegheny
GOPLERUD, MD, Elizabeth J	Carbon
GOPPELT, MD, John W	Montgomery
GOPPOLD, MD, Ronald W	Bucks
GORACCI SLIMAK, MD, Grace	Philadelphia
GORALCZYK JR, MD, Edward J	Allegheny
GORBY, MD, David R	Columbia
GORBY, MD, Robert S	Allegheny
GORBY, DO, William G	Columbia
GORDEUK, MD, Daniel S	Centre
GORDIN, MD, Stephen J	Philadelphia
GORDON, MD, Alan D	Mifflin/Juni
GORDON, MD, Arthur E	Montgomery
GORDON, MD, Barry M	Allegheny
GORDON, MD, Charles A	Lehigh
GORDON, DO, Daniel S	Jefferson
GORDON, MD, Dudley R	Dauphin
GORDON, MD, Elizabeth H	Allegheny
GORDON, MD, Gary V	Montgomery
GORDON, MD, Gerald	Montour
GORDON, MD, Gregory R	Bucks
GORDON, MD, Harold E	Westmoreland
GORDON, MD, Harold M	Delaware
GORDON, MD, Isadore	Chester
GORDON, MD, Jacob S	Philadelphia
GORDON, MD, James K	Bedford
GORDON, MD, Jerold S	Allegheny
GORDON, MD, Joseph S	Delaware
GORDON, MD, Kimberly	Allegheny
GORDON, MD, Leonard F	Montgomery
GORDON, MD, Michael E	Berks
GORDON, MD, Michael J	Lehigh
GORDON, MD, Milton S	Westmoreland
GORDON, MD, Murray B	Allegheny
GORDON, MD, Robert	Fayette
GORDON, MD, Robert A	Dauphin
GORDON, MD, Robert H	Philadelphia
GORDON, DO, Sanford A	Washington
GORDON, MD, Stuart L	Delaware
GORDON, MD, Susan J	Philadelphia
GORDON, MD, Tom J	Allegheny
GORDON, MD, William S	Dauphin
GORDON JR, MD, Kenneth H	Montgomery
GORDON-LANGBEIN, DO, Amie L	Philadelphia
GOREN, MD, Elihu N	Montgomery
GOREN, MD, Lawrence J	Philadelphia
GOREN, MD, Robert A	Philadelphia
GOREN, MD, Ronald C	Philadelphia
GOREN, MD, Stanley E	Philadelphia
GORMAN, MD, Robert C	Philadelphia
GORMAN, SEAN J	Student
GORMAN-CATTON, MD, Johanna H	Chester
GORRY, MD, John D	Delaware
GORSKI, MD, Deborah A	Luzerne
GOSAI, MD, Kamlesh B	Washington
GOSFIELD, MD, Ted	Philadelphia
GOSFIELD JR, MD, Edward	Philadelphia
GOSLING, MD, Amy A	Allegheny
GOSSAT, MD, David M	Allegheny
GOSZTONYI JR, MD, Rudolph E	Northampton
GOTH, MD, Joseph H	Allegheny
GOTHARD, MD, Todd W	Philadelphia
GOTKIEWICZ, EDWARD M	Student
GOTLIEB, MD, Jerry	Montgomery
GOTSDINER, DENISE B	Student
GOTTHEIL, MD, Edward	Philadelphia
GOTTLIEB, MD, Harry	Philadelphia
GOTTLIEB, MD, Jerome I	Lancaster
GOTTLIEB, MD, Philip M	Philadelphia
GOTTLIEB, MD, Robert J	Lancaster
GOTTLIEB, MD, Ronald S	Philadelphia
GOTTLIEB, MD, Stanley	Philadelphia
GOTTSCHALL, DANIEL S	Student
GOTTSHALL, MD, Samuel C	Lackawanna
GOULD, MD, Richard B	Philadelphia
GOULDIN, MD, Judith A	Lycoming
GOULEY, MD, Benjamin A	Philadelphia
GOURASH, MD, Leona	Allegheny
GOUW, MD, Christopher B	Carbon
GOWDEY, MD, M Agnes	Philadelphia
GOWEN, MD, George F	Philadelphia
GOWING, MD, Jean	Philadelphia
GOYAL, MD, Anil K	Cumberland
GOYNE, MD, Ruth G	Delaware
GOZUM, MD, Carmen Z	Northampton
GRAB, MD, Edmundo M	Blair
GRABAR, MD, Joyce M	Philadelphia
GRABIAK, MD, Gregory D	Westmoreland
GRABIAS, MD, Stanley L	Berks
GRABOWSKI, MD, Marie A	Luzerne
GRABOYES, MD, Arnold B	Lycoming
GRACE, MD, Helen K	Philadelphia
GRACE, MD, James J	Susquehanna
GRACEY, MD, Jack G	York
GRAD, MD, Charles T	Lackawanna
GRAD, MD, L Christine	Philadelphia
GRADY, CHRISTOPHER K	Student
GRADY, MD, James W	Cambria
GRADY, MD, Patrick J	Lackawanna
GRAEFFE, MD, Estella F	Montgomery
GRAF, MD, Kenneth W	Dauphin
GRAFF, MD, Daniel M	Allegheny
GRAHAM, MD, Barry E	Berks
GRAHAM, MD, Garth K	Philadelphia
GRAHAM, MD, Mark G	Philadelphia
GRAHAM, MD, Nathaniel L	Mckean
GRAHAM, MD, Thomas H	Chester
GRAHAM, MD, Thomas R	Allegheny
GRAHAM, MD, Toby O	Allegheny
GRAHAM III, MD, William P	Cumberland
GRAMMES, MD, Charles F	Montour
GRANA, MD, Philip C	Bedford
GRANA, MD, Vicente P	Philadelphia
GRANADOS, MD, Nicanor G	Berks
GRANADOS, MD, Suzita N	Berks
GRANATO, MD, Jerome E	Allegheny
GRANDIS, MD, Donald J	Allegheny
GRANDON, MD, Raymond C	Dauphin
GRANETT, MD, Jeffrey R	Delaware
GRANITO, MD, Charles D	Dauphin
GRANSON, MD, Marc A	Northampton
GRANT, MD, Alistair M	Lancaster
GRANT, MD, B David	Delaware
GRANT, MD, Kathleen J	Allegheny
GRASSI, MD, Joseph J	Lehigh
GRASSI, MD, Michael O	Philadelphia
GRATCH, MD, Michael J	Montgomery
GRATZ, DO, Irwin	Philadelphia
GRATZ, MD, Richard E	Lackawanna
GRATZ, DO, Silvia S	Philadelphia
GRAUEL JR, MD, Theodore A	Lawrence
GRAVES, MD, Lorena A	Philadelphia
GRAVES, MD, Lynda C S	Schuylkill
GRAVES, MD, Salina Dunbar	Philadelphia
GRAVES, MD, Vaughan C	Philadelphia
GRAVES, MD, Walter G	Mckean
GRAVES JR, MD, Beverly	Philadelphia
GRAY, MD, Cynthia A	Allegheny
GRAY, MD, David W	Union
GRAY, MD, Frieda G	Philadelphia
GRAY, MD, Herbert M	Beaver
GRAY, MD, Jerry L	Cambria
GRAY, DO, John M	Northampton
GRAY, MD, Louis P	Lancaster
GRAY, MD, Robert T	Franklin
GRAY, SCHARAZARD L	Student
GRAY III, MD, Samuel	Allegheny
GRAY JR, MD, Frank D	Philadelphia
GRAY JR, MD, George H	Allegheny
GRAYUM, MD, Bradley P	Delaware
GREATHOUSE, MD, Mark K	Allegheny
GRECO, MD, Frank D	Allegheny
GRECO, MD, Jeffrey M	Northmbrland
GRECO, MD, Jonathan P	Delaware
GRECO, MD, Robert M	Schuylkill
GRECO, MD, Timothy M	Lehigh
GRECO, MD, Toby A	Philadelphia
GRECO, MD, Victor F	Luzerne
GREEN, DO, Alfred I	Philadelphia
GREEN, MD, Barry P	Montgomery
GREEN, MD, Bradford	Bucks
GREEN, MD, Charles	Schuylkill
GREEN, MD, David P	Westmoreland
GREEN, MD, George R	Montgomery
GREEN, JILL N	Student
GREEN, MD, Joseph E	Cumberland
GREEN, MD, Lawrence	Delaware
GREEN, MD, Leland J	Montgomery
GREEN, MD, M Edwin	Dauphin
GREEN, MD, Mayer A	Allegheny
GREEN, MD, Richard L	Allegheny
GREEN, DO, Robert L	Dauphin
GREEN, MD, Robert L	Philadelphia
GREEN, MD, Robert M	Allegheny
GREEN, MD, Roy	Schuylkill
GREEN, MD, Russell P	Bucks
GREEN, MD, Thomas J	Cumberland
GREEN, MD, William	Philadelphia
GREEN III, MD, Joseph E	Cumberland
GREEN JR, MD, William T	Allegheny
GREENACRE, MD, Judith K	Philadelphia
GREENAN, MD, Timothy J	Schuylkill
GREENAWALD, MD, Henry A	Dauphin
GREENAWALT, MD, Robert G	Franklin
GREENBAUM, MD, Charles H	Philadelphia
GREENBAUM, MD, James K	Armstrong
GREENBAUM, MD, Marvin H	Montgomery
GREENBAUM, MD, Roy L	Bucks
GREENBERG, ADAM S	Student
GREENBERG, MD, Bram	Montgomery
GREENBERG, HOWARD E	Student
GREENBERG, MD, Jack O	Philadelphia
GREENBERG, MD, Leonard F	Philadelphia
GREENBERG, DO, Michael	Carbon
GREENBERG, MD, Michael J	Monroe
GREENBERG, MD, Michael R	Clinton
GREENBERG, MD, Richard E	Montgomery
GREENBERG, MD, Richard H	Philadelphia
GREENBERG, MD, Richard M	Philadelphia
GREENBERG, MD, Robert N	Berks
GREENBERG, MD, Sigmund R	Montgomery
GREENBERG, MD, Steven M	Philadelphia
GREENBERG, MD, Steven M	Jefferson
GREENBERG, MD, Wayne V	Allegheny
GREENBLATT, MD, Dana B	Philadelphia
GREENE, MD, Donald H	Lycoming
GREENE, MD, Jeffrey M	Montgomery
GREENE, MD, Joseph S	Montour
GREENE, MD, Lucille T	Berks
GREENE, MD, Michael H	Allegheny
GREENE, MD, Neil A	Lancaster
GREENE, MD, Robert F	Indiana
GREENE, MD, Ronald B	Philadelphia
GREENE, MD, Thomas E	Montgomery
GREENFIELD, MD, Lawrence S	Montour
GREENFIELD, MD, Val S	Philadelphia
GREENLEE, MD, Daniel P	Greene
GREENLER, MD, Daniel P	Allegheny
GREENSMITH, MD, J Eric	Dauphin
GREENSPAN, MD, Bruce M	Northampton
GREENSPAN, MD, David L	Philadelphia
GREENSPAN, MD, Herbert S	Montgomery
GREENSPAN, MD, Mitchell M	Bucks
GREENSPON, MD, Samuel E	Montgomery
GREENSWEIG, DO, Steven S	Bucks
GREENWALD, MD, David W	Luzerne
GREENWALD, MD, Stanley M	Philadelphia
GREER III, MD, Robert B	Dauphin
GREGG, MD, Grace S	Allegheny
GREGG, MD, John S	Allegheny
GREGG, MD, Thomas S	Butler
GREGO, MD, J Gregory	Allegheny
GREGORY, MD, Daniel H	Allegheny
GREGORY, MD, George W	Berks
GREGORY, MD, Robert E	Allegheny
GREIM, MD, Charles C	Allegheny
GREINER, MD, Ann S	Dauphin
GREISSINGER, MD, Walter M	Allegheny
GRENA, DO, Paul G	Philadelphia
GRENVIK, MD, Ake N	Allegheny
GRENVIK, MD, Stefan J	Allegheny
GRESS, MD, Francis A	Northampton
GRESS, MD, Gordon A	Cambria
GRESS, MD, Robert E	Lancaster
GRESS, MD, William W	Cambria
GRETH, MD, Warren E	Berks
GREYBUSH, MD, Joseph N	Lehigh
GRIBB, MD, John J	Bucks
GRIBB, MD, Joseph C	Dauphin
GRIBIK, MD, Michael	Allegheny
GRIECO, MD, Robert L	Beaver
GRIESMER, MD, Paul D	Luzerne
GRIFF, MD, Leonard C	Dauphin
GRIFFEL, LOUIS H	Student
GRIFFEN, MD, Helen S	Venango
GRIFFEN, MD, R Howard	Venango
GRIFFIN, MD, Steven P	Indiana
GRIFFIN, MD, Thomas D	Philadelphia
GRIFFITH, MD, Annette Y	Bucks
GRIFFITH, MD, Bartley P	Allegheny
GRIFFITH, MD, Charles Q	Philadelphia
GRIFFITH, MD, Glenn G	Cambria
GRIFFITH, MD, John R	Philadelphia
GRILL, MD, Howard P	Allegheny
GRILL, MD, Winfred E	Jefferson
GRIM, MD, Mark D	Berks
GRIMES, MD, Clarence W	Greene
GRIMM, MD, James T	Allegheny
GRISKA, MD, Joel A	Philadelphia
GRISSOM, MD, Christine Ann	Philadelphia
GRISWOLD, SHARON K	Student
GROFF, MD, Henry C	Dauphin
GROGAN, MD, Wendell A	Philadelphia
GROH, MD, John R	Lebanon
GROHSMAN, MD, Jonathan M	Montgomery
GROLEAU, MD, George E	Lancaster
GROLMAN, MD, Dennis M	York
GRONDZIOWSKI JR, MD, Peter M	Allegheny
GRONERT, MD, Brian J	Allegheny
GROSH, MD, John L	Lancaster
GROSH, MD, Joseph W	Lancaster
GROSH, MD, Paul R	Lancaster
GROSH, MD, William K	Lancaster
GROSKY, MD, Murray B	Lebanon
GROSS, MD, Daniel J	Montgomery
GROSS, EDWARD A	Student
GROSS, MD, Harriet S	Montgomery
GROSS, MD, Lawrence S	Berks
GROSS, MD, Mitchell J	Luzerne
GROSS, MD, Paul	Allegheny
GROSS, MD, Paul R	Philadelphia
GROSS, MD, Peter G	Montgomery
GROSS, MD, Richard H	Chester
GROSSBERG, MD, Michael F	Franklin
GROSSMAN, MD, Alan R	Montgomery
GROSSMAN, MD, Eric J	Philadelphia
GROSSMAN, MD, Gilbert	Philadelphia
GROSSMAN, MD, I William	Fayette
GROSSMAN, MD, Ira C	Luzerne
GROSSMAN, MD, Larry B	Philadelphia
GROSSMAN, MD, Perry	Chester
GROSSMAN, MD, Ronald M	Dauphin
GROSSMAN, MD, Sheila S	Montgomery
GROSSMAN, MD, Stanley J	Allegheny

GROSSMAN JR, MD, Louis W	Lawrence
GROTZINGER, MD, Paul J	Philadelphia
GROVE, MD, Bruce A	York
GROVE, MD, Glenn P	York
GROVE, MD, Russell E	York
GROVE, MD, William K	York
GROVE JR, MD, Dale A	Northampton
GROVER, MD, Joseph G	Philadelphia
GROVER, MD, Steven M	Philadelphia
GROVER, MD, Sukhdev S	Allegheny
GRUBB, MD, Willard Y	Berks
GRUBBS, MD, Robert M	Allegheny
GRUBER, MD, John W	Berks
GRUEN, MD, Gary S	Allegheny
GRUENER, MD, Daniel M	Philadelphia
GRUM, MD, Emily E	Philadelphia
GRUMET, MD, Bernard A	Allegheny
GRUNBERG, MD, Robert W	Northampton
GRUNER, MD, Sam E	Allegheny
GRUNT, MD, Richard F	Philadelphia
GRUNWALD, MD, Juan E	Philadelphia
GRUNWALD, MD, Zvi	Montgomery
GRUS, BRIAN A	Student
GRUSZKA, MD, Francis A	Monroe
GRYCZKO, MD, Gerald A	Lackawanna
GSCHWEND III, MD, Paul	Lancaster
GU, MD, Jeng Y	Bradford
GUAGLIARDO, DO, Joseph P	Bucks
GUANZON, MD, Danilo L	Crawford
GUARDIANI, MD, Mary Jane	Chester
GUARINI, MD, Pasquale B	Delaware
GUARINO, MD, Edward F	Lehigh
GUARINO, JAMES C	Student
GUARINO, MD, Julius M	Delaware
GUBIN, MD, Steven S	Berks
GUEHL JR, DO, John J	Allegheny
GUEHL SR, MD, John J	Allegheny
GUELBENZU, MD, Nelson O	Cambria
GUELCHER, MD, Robert T	Erie
GUENTER, MD, Fritz E	Mckean
GUERRA, MD, Corazon A	Northampton
GUERRA, MD, James J	Philadelphia
GUERRA, MD, Reynaldo C	Northampton
GUESON, MD, Emerita T	Philadelphia
GUEST, DO, Dennis M	Philadelphia
GUIDONE, PAUL L	Student
GUILFOOSE, MD, Mark A	Montour
GUILLARD, MD, Frank	Centre
GUIMARAES, MD, Pedro D	Philadelphia
GUINTO, MD, Jose C	Allegheny
GUIRGUIS, MD, Morris F	Delaware
GUIRNALDA-CASTRO, MD, Nemesia G	Montgomery
GUISER, MD, Lynn G	Mifflin/Juni
GULATI, MD, Amar N	Montgomery
GULATI, MD, Usha	Philadelphia
GULICK, MD, Thomas H	Monroe
GULLOTTI, MD, Michael J	Philadelphia
GUMERMAN, MD, Lewis W	Allegheny
GUMINA, MD, Thomas F	Delaware
GUMM, MD, Edward A	Westmoreland
GUMNIT, MD, Robert Y	Philadelphia
GUMP, MD, Robert B	Allegheny
GUNDERSON, MD, Robert L	Luzerne
GUNDUZ, MD, Paula A	Erie
GUNN, MD, Joseph D	Allegheny
GUNSTER, MD, Gerald D	Luzerne
GUNTUR, MD, Sivarama K	Allegheny
GUP, MD, Daniel I	Allegheny
GUPTA, AMIT A	Student
GUPTA, MD, Chander K	Allegheny
GUPTA, MD, Chitra L	Philadelphia
GUPTA, MD, Giriwarlal	Monroe
GUPTA, MD, Krishna G	Westmoreland
GUPTA, MD, Nand K	Bucks
GUPTA, MD, Ved P	Philadelphia
GUPTA-BALA, MD, Santosh	Philadelphia
GURGUN, MD, Melih	Allegheny
GURMAN, MD, Andrew W	Blair
GURSON, MD, Helen W	Allegheny
GUSIC, BLAZE R	Student
GUSIC, MARYELLEN E	Student
GUSSMAN, BARRIE R	Student
GUSTAITIS, MD, Joseph A	Lackawanna
GUSTAVSON, MD, Roger B	Dauphin
GUSTIN, MD, Thomas A	Erie
GUTEKUNST, MD, Paul E	Philadelphia
GUTHERZ, MD, Philip C	Wayne/Pike
GUTHLEBEN, MD, John G	Erie
GUTHRIE, MD, David A	Franklin
GUTHRIE, MD, Michael A	Allegheny
GUTHRIE, MD, William J	Montgomery
GUTIERREZ, MD, Emmeline P	Philadelphia
GUTIERREZ, MD, Felix	Dauphin
GUTIERREZ, MD, Lina C	Montgomery
GUTKNECHT, MD, David R	Montour
GUTTERMAN, MD, Paul	Luzerne
GUTTIN, MD, Enrique	Chester
GUTTMAN, MD, Michael	Bucks
GUTTMANN, MD, Gad G	Philadelphia
GUYER, MD, Samuel	Montgomery
GUZEK, MD, John R	Lackawanna
GUZMAN, MD, Jose G	Northampton
GUZZARDO, MD, Michael N	Erie
GUZZO, MD, Joseph C	Lehigh
GVOZDEN, MD, Robert	Cambria
GWIAZDOWSKI, MD, Steven G	Delaware
GZESH, MD, Dan Jonathan	Philadelphia

H

HAAS, MD, Charles M	Blair
HAAS, MD, David R	Dauphin
HAAS, MD, Donald D	Westmoreland
HAAS, DO, Glenn E	Bucks
HAAS, DO, Myron D	Schuylkill
HAASE, MD, Gunter R	Philadelphia
HAASIS, JOHN C	Student
HAAZ, MD, William S	Philadelphia
HABECKER, MD, Elizabeth T	Lebanon
HABENICHT, MD, David W	Philadelphia
HABER, MD, Arthur S	Luzerne
HABER, SHERYL A	Student
HABUDA, MD, Theresa A	Philadelphia
HACKER, ANDREA J	Student
HADDAD, MD, George R	Beaver
HADDAD, MD, Robert M	Montour
HADDON JR, MD, Harry H	Franklin
HADFIELD JR, MD, William A	Delaware
HADLEY, MD, Carolyn B	Philadelphia
HADLOCK, MD, Daniel C	Blair
HADRA, MD, Ellinor S	Montgomery
HAEBERLE, MD, William A	Philadelphia
HAEGELE, MD, Linda A	Philadelphia
HAEUSSNER, MD, Charles F	Allegheny
HAFT, MD, Harold	Philadelphia
HAGAN JR, MD, Eugene P	Philadelphia
HAGBERG, MD, William C	Allegheny
HAGER, MD, Margaret H	Philadelphia
HAGERTY, MD, Fred D	York
HAGERTY, MD, Michael F	Allegheny
HAGES, MD, Foster	Beaver
HAGGE, MD, Maryhelen	Blair
HAGGERTY, MD, Robert W	Delaware
HAGGERTY, MD, Sally M	Northampton
HAGSTROM, MD, Ruth M	Philadelphia
HAHM, MD, Jee Ho	Philadelphia
HAHN, MD, Adam W	Allegheny
HAHN, GREGORY V	Student
HAHN, MD, Jeannine R	Montgomery
HAHN, MD, Jonathan F	Union
HAHN, MD, Kon S	Lackawanna
HAHN, MD, Kurt R	Bradford
HAHN, MD, Richard M	Washington
HAIBACH, MD, Raymond A	Erie
HAIDET, MD, Keith R	Dauphin
HAIGHT, MD, Joel B	Centre
HAIMOWITZ, MD, Daniel	Bucks
HAIMOWITZ, MD, Samuel I	Philadelphia
HAIN, MD, Howard L	Northampton
HAINES, CECELIA C	Student
HAIRSTON JR, MD, John C	Allegheny
HAKALA, MD, Thomas R	Allegheny
HAKAS, MD, Joseph F	Allegheny
HAKE, MD, Jean H	Dauphin
HALASZYNSKI, LORI M	Student
HALBERT, MD, David R	Dauphin
HALCOVAGE, DO, Jonathan P	Lebanon
HALE, MD, Douglass S	Lehigh
HALE, MD, Edward H	Allegheny
HALE, MD, J Eric	Montgomery
HALE, DO, Richard C	Clinton
HALE, MD, Robert G	Montgomery
HALE, MD, Robert H	Bucks
HALE, MD, Thomas K	Schuylkill
HALE JR, MD, Raymond M	Adams
HALEN, MD, Robert J	Allegheny
HALENDA, MD, Gregory	Dauphin
HALIBEY, MD, Zirka M	Lehigh
HALL, MD, Bradley	Allegheny
HALL, MD, Daniel A	Philadelphia
HALL, MD, David G	Allegheny
HALL, DONALD T	Student
HALL, MD, Edgar M	Chester
HALL, MD, I Macdonald	Montgomery
HALL, MD, Jack R	Crawford
HALL, MD, John H	Philadelphia
HALL, MD, Neal E	Montgomery
HALL, MD, Robert E	Bradford
HALL, ROBERT H	Student
HALL, MD, Robert L	Centre
HALL, MD, Robert L	Delaware
HALL, MD, Virginia E	Dauphin
HALL II, MD, Robert F	Cumberland
HALL JR, MD, John H	Washington
HALLAHAN, MD, William F	Lebanon
HALLERMEIER JR, MD, Robert G	Delaware
HALLETT, MD, Joseph W	Philadelphia
HALLOCK, MD, Geoffrey	Lehigh
HALLOCK, MD, Margaret E	Dauphin
HALLOCK, MD, Richard H	Dauphin
HALLY, MD, Robert J	Allegheny
HALPERIN, MD, Meyer A	Monroe
HALPERN, MD, Barry R	Philadelphia
HALPERN, MD, Barton L	Lancaster
HALPERN, MD, Janis S	Bucks
HALVORSEN, MD, Maria A	Allegheny
HAM, MD, James W	Venango
HAM, MD, Tong H	Mercer
HAMADANI, MD, Houshang G	Lehigh
HAMANN, MD, Jose G	Philadelphia
HAMARMAN, STEPHANIE	Student
HAMATY, FRED G	Student
HAMATY, MD, Ronald M	Cambria
HAMBURG, MD, Allen E	Montgomery
HAMIDI, MD, Jafar A	Mckean
HAMILTON, MD, Angie S	Philadelphia
HAMILTON, MD, Geraldine E	Delaware
HAMILTON, MD, Linda C	Cambria
HAMILTON, MD, Ralph W	Philadelphia
HAMILTON, MD, Robert M	Allegheny
HAMILTON, MD, Robert W	Dauphin
HAMILTON, MD, Robert W	Allegheny
HAMILTON, MD, Wade T	Montour
HAMILTON, MD, William C	Philadelphia
HAMILTON, MD, William L	Philadelphia
HAMM, MD, Charles R	Allegheny
HAMM, MD, William G	Lycoming
HAMME, MD, Elmer G	York
HAMMELL, MD, Eugene J	Allegheny
HAMMERS, MD, Karen R	Philadelphia
HAMMETT, MD, James H	Adams
HAMMOND, MD, Charles P	Lancaster
HAMMOND III, MD, N Leroy	Montgomery
HAMOY, MD, Alice G	Lycoming
HAMOY, MD, George L	Lycoming
HAMPEL, MD, Avraham	Philadelphia
HAMPSEY, MD, John A	Northampton
HAMPTON, MD, Janet A	Philadelphia
HAMPTON, MD, Louis J	York
HAMSHER, MD, James R	Dauphin
HAMZAVI, MD, Siamak	Lackawanna
HAN, MD, Dalsoo	Allegheny
HAN, MD, Samuel I	Butler
HAN, MD, Sum K	Allegheny
HAN, MD, Sun Tak	Lackawanna
HAN, WEI	Student
HAN, MD, Yoong O	Allegheny
HANACHE, MD, Jeanne A	Chester
HANAU, MD, Cheryl Adele	Philadelphia
HANBY JR, MD, W Forwood E	Montgomery
HANCHETT, MD, James E	Allegheny
HANCOCK, MD, Reginald A	Allegheny
HAND, MD, Roy H	Montgomery
HAND, MD, Samuel P	Philadelphia
HANDELSMAN, MD, Gordon L	Allegheny
HANDELSMAN, MD, Oliver	Allegheny
HANDFORD, MD, H Allen	Dauphin
HANDLER, MD, Steven D	Philadelphia
HANES, MARYANN	Student
HANES, MD, Robert B	Delaware
HANGEN, MD, Norman M	Berks
HANHAUSEN JR, MD, Edward H	Montgomery
HANISEK, MD, William F	Northampton
HANJANI, MD, Parviz	Philadelphia
HANKEY, MD, John C	Allegheny
HANKINS, MD, Althea	Philadelphia
HANKS, MD, Gerald E	Philadelphia
HANKS, MD, Gregory A	Dauphin
HANLON, MD, James T	Allegheny
HANLON, MD, Paul A	Luzerne
HANNA, MD, Dwight C	Allegheny
HANNA, MD, Ezzat A	Berks
HANNA, MD, Fikry F	Cambria
HANNA, GINA V	Student
HANNA, MD, Herbert L	Indiana
HANNA, MD, Salah G	Westmoreland
HANNAGAN, MD, Frank J	Lackawanna
HANNEKEN, MD, Jane R	Crawford
HANNO, MD, Philip M	Philadelphia
HANNUM, MD, Christopher F	Philadelphia
HANNUSH, MD, Sadeer B	Bucks
HANRAHAN, MD, James B	Allegheny
HANSEN, MD, Carl A	Bucks
HANSEN, E KAI	Student
HANSON, MD, David C	Dauphin
HANSON, MD, E Larry	Erie
HANSON, MD, Paull R	Allegheny
HANSON JR, MD, C William	Philadelphia
HANSPAL, MD, Navjot S	Chester
HANUSCHAK, MD, Lee N	Philadelphia
HANZEL, MD, George D	Cambria
HAPPEL, MD, John L	Allegheny
HAPPEL JR, MD, John L	Allegheny
HARADA, MD, William A	Northampton
HARADIN, MD, Anthony R	Allegheny
HARASYM, MD, E Lawrence	Columbia
HARASYM, MD, Eugene D	Lackawanna
HARBACH, MD, Harrison F	Adams
HARBERGER, MD, James H	York
HARBOLOVIC, MD, Richard	Lackawanna
HARDAWAY, MD, Alfred E	Lycoming
HARDEE-CUTHBERT, MD, Kay	Montgomery
HARDEN III, MD, Wesley R	York
HARDER, MD, Steven M	Lycoming
HARDESTY, MD, Robert L	Allegheny
HARDING, MD, Robert L	Dauphin
HARDY, MD, Charles A	Bucks
HARDY, MD, Heidrun D	Erie
HARDY JR, MD, Willie L	Erie
HARDY-FLUELLEN, MD, Judith M	Philadelphia
HARE, MD, Jeffrey D	Northampton
HARE, MD, Jeffrey L	Philadelphia
HAREN, MD, William E	Franklin
HARGLEROAD II, MD, John A	Centre
HARGRAVE, MD, Hugh J	Lancaster
HARGROVE III, MD, Walter C	Philadelphia
HARINSTEIN, MD, David A	Allegheny
HARKAVY, MD, Sandra E	Delaware
HARKER, RICHARD C	Student
HARKER, EXEC SEC, Marjorie E	Blair
HARKINS, MD, Herbert P	Philadelphia
HARKINS, MD, Robert S	Schuylkill
HARKNESS, MD, Michael J	Montgomery
HARLAN, MD, William K	Northampton
HARLEY, MD, Barbara M	Cambria
HARLEY, MD, John B	Cambria
HARM JR, MD, Kenneth R	Dauphin
HARMANCI, MD, M Cem	Mifflin/Juni
HARMON, MD, Eli B	Montgomery
HARMON, MD, Sandra R	Montgomery
HARNER, MD, Christopher D	Allegheny
HARNER, MD, Jeffrey D	York
HARNISH, MD, David M	Lancaster
HARPER, MD, Glenn R	Philadelphia
HARPER, MD, James G	Northampton
HARPER, MD, John B	Montgomery
HARPER, MD, John J	Allegheny
HARPER, MD, Nancy L	Philadelphia
HARPER, MD, Steven G	Montgomery
HARRER, MD, Daniel C	Delaware
HARRER JR, MD, William J	Mercer
HARRIGER, MD, Miles D	Lancaster
HARRING, MD, Maynard	Schuylkill
HARRINGTON, MD, Thomas M	Montour
HARRINGTON JR, ROBERT W	Student
HARRIS, MD, Albin W	Franklin
HARRIS, MD, Barry C	Allegheny
HARRIS, MD, Brian W	Dauphin
HARRIS, MD, David P M	Philadelphia
HARRIS, MD, David Pm	Philadelphia
HARRIS, MD, James S	Philadelphia
HARRIS, MD, Kenneth H	Philadelphia
HARRIS, MD, Kevin R	Montgomery
HARRIS, MD, Lawrence K	Berks
HARRIS, MD, Lovell	Philadelphia
HARRIS, MD, Max	Delaware
HARRIS, MD, Merleen	Philadelphia
HARRIS, MD, Richard N	Allegheny
HARRIS, MD, Ronald I	Luzerne
HARRIS, MD, Stanley R	Lehigh
HARRIS, MD, Stephen D	Bradford
HARRISON, MD, Anthony M	Allegheny
HARRISON, MD, Bernard M	Bucks
HARRISON, MD, Brett M	Bucks
HARRISON, MD, C Scott	Dauphin
HARRISON, MD, Cynthia	Lancaster
HARRISON, MD, Drew S	Lehigh
HARRISON, MD, Frank D	Westmoreland
HARRISON, MD, James L	Lycoming
HARRISON, DO, Keith W	Montour
HARRISON JR, MD, Joseph	Montgomery
HARROP, MD, Donald E	Chester
HARRY, MD, Harriet M	Centre
HARSHAW JR, MD, Edward	Delaware
HART, MD, Alex D	Northampton
HART, MD, Carol A	Philadelphia
HART, MD, George R	Lawrence
HART, MD, James C	Dauphin
HART, MD, Neil J	Allegheny
HART, MD, Philip L	Fayette
HART, DO, William J	Delaware
HART JR, RICHARD B	Student
HARTENBAUM, MD, David	Bucks
HARTENBAUM, MD, Natalie T	Bucks
HARTLE, MD, John E	Bedford
HARTLEY, MD, David W	Lancaster
HARTLEY, MD, Paul A	Fayette
HARTMAN, MD, Denise L	Montgomery
HARTMAN, MD, Dorothy I S	Lehigh
HARTMAN, MD, H King	Westmoreland
HARTMAN, MD, Owen W	Franklin
HARTMAN, MD, Roderic J	Allegheny
HARTMAN, DO, Stuart A	Lebanon
HARTMAN, MD, William F	Lancaster
HARTMAN II, MD, Samuel A	Lebanon
HARTMAN JR, H KING	Student
HARTNETT, MD, Robert W	Cambria
HARTSOCK, MD, Robert J	Allegheny
HARTZ, MD, Leo M	Lycoming
HARTZ, MD, William H	Philadelphia
HARTZ-SOLOFF, MD, Cynthia H	Allegheny
HARTZELL, MD, David L	Cumberland
HARTZELL JR, MD, George W	Lehigh
HARVEY, MD, Alexis	Philadelphia
HARVEY, MD, Edith E	Philadelphia
HARVEY, MD, James S	Centre
HARVEY, MD, Kenneth L	Lehigh
HARVEY, MD, William D	Clearfield
HARVEY, MD, William J	Allegheny
HARVEY JR, MD, Benson	Lebanon
HARWICK, DO, Frederick W	Schuylkill
HARWICK, MD, Jean C	Allegheny
HARWICK, MD, John D	Lehigh
HARWICK, MD, Robert D	Philadelphia
HASABNIS, MD, Suhas P	Blair
HASAN, MD, Mohammad A	Montgomery
HASAN, SAMIA	Student
HASBACH, MD, Thomas J	Allegheny
HASELHUHN, MD, Donald H	Dauphin
HASER, MD, Heywood A	Allegheny
HASH JR, MD, Volney W	Cambria
HASHEMJ, MD, Homayoun A	Philadelphia
HASHIN, KIMBERLY A	Student
HASHMI, MD, Majid A	Allegheny
HASIUK, MD, Aaron S	Bucks
HASKELL, MD, Gordon A	Lycoming
HASLEY, MD, Stephen K	Allegheny
HASSAN, MD, Joseph R	Berks
HASSEL, MD, Jeffrey L	Berks
HASSEL JR, MD, Carl W	Lancaster
HASSELBACHER, MD, Frank X	Dauphin
HASSEY, JOSEPH A	Student
HASSINGER, MD, Kathryn K	York
HASSLACHER, MD, Elisabeth A	Philadelphia

HASSOURI, MD, Hassan	Allegheny
HASTINGS JR, MD, Leo J	Lehigh
HASZ, MD, Richard D	Dauphin
HATCHER, MD, Kim A	Indiana
HATLEBERG, MD, Steven L	Cumberland
HATTI, MD, Shivkumar S	Delaware
HATTON, MD, Duncan S	Delaware
HATTOUM, MD, Pittagore	Westmoreland
HAUER, MD, Marlin L	Lebanon
HAUGER, MD, Harold N	Westmoreland
HAUPT, MD, Donald N	Montgomery
HAUPT, MD, George J	Philadelphia
HAUPT, MD, Helen M	Philadelphia
HAUPT, MD, Richard M	Delaware
HAUS, MD, Harry L	Allegheny
HAUS, MD, Mary M	Westmoreland
HAUS, MD, William	Allegheny
HAUSER, MD, John R	Washington
HAUSER, MD, Norman	Montgomery
HAUSER, MD, Raymond J	Berks
HAUT, MD, Michael J	Philadelphia
HAVENS JR, MD, Walter P	Philadelphia
HAVER, MD, Paul M	Beaver
HAVERSTICK, MD, C David	Dauphin
HAVIVI, ABRAHAM	Student
HAVKO, MD, Frederick C	Allegheny
HAVRILLA, MD, Thomas R	Allegheny
HAWK, MD, Brainard O	Allegheny
HAWK, MD, David L	York
HAWKE, MD, William	Berks
HAWKINS, MD, James G	Allegheny
HAWKINS, MD, Roger A	Mercer
HAWLEY, MD, Richard C	Schuylkill
HAWN, MD, Margaret M	Dauphin
HAY, MD, Harold S	Somerset
HAYASHI, MD, T Terry	Allegheny
HAYDEN, MD, James B	Huntingdon
HAYES, MD, Brian L	Philadelphia
HAYES, MD, James C	Allegheny
HAYES, MD, Merrill B	Delaware
HAYES, MD, Timothy J	Philadelphia
HAYES, MD, Warren H	Lycoming
HAYMAN, MD, Harris R	Chester
HAYMAN, MD, Harry B	Bucks
HAYNES, DEBORAH E	Student
HAYNICZ, MD, Peter	Monroe
HAYS, MD, E Blaine	Cumberland
HAYS, MD, Ruth D	Allegheny
HAYTHORNTHWAITE, MD, B Mary	Montgomery
HAZARD, MD, Ruth L	Dauphin
HAZLETT, MD, Donald A	Allegheny
HAZLETT, MD, Jane	Luzerne
HAZLETT, MD, Nancy S	Allegheny
HAZLETT, MD, William H	Luzerne
HAZLETT JR, MD, Walter S	Westmoreland
HAZZOURI, MD, Michele A	Lackawanna
HEADLEY, MD, Chauncey R	Washington
HEALY, MD, Dean A	Dauphin
HEANEY, MD, Steven J	Crawford
HEAPS, MD, Kenneth P	York
HEASLEY, MD, Kenneth H	Venango
HEATH, MD, Erle M	Allegheny
HEATH, MD, F Richard	Erie
HEBEL, JEANETTE L	Student
HEBRANK, MD, Gregory T	Westmoreland
HECHT, MD, Warren B	Montgomery
HECK, MD, Albert W	Dauphin
HECK, MD, Harry J	Allegheny
HECK III, MD, Harry J	Allegheny
HECKLER, MD, Frederick R	Allegheny
HECKLIN, MD, Oscar B	Philadelphia
HEDGE, MD, Sunil Kumar	Philadelphia
HEDRICK, MD, G Winfield	Bucks
HEDRICK, MD, Thomas A	Cambria
HEEG, MD, Michael M	Bucks
HEEGER, MD, Peter S	Philadelphia
HEERE, MD, Barbara A	Lycoming
HEFFELFINGER, DO, Eric S	Luzerne
HEFFERN, MD, James E	Lancaster
HEFFERNAN, MD, Andrew H	Lehigh
HEFFERNAN, MD, J Michael	Berks
HEFFLER, MD, Karen F	Philadelphia
HEFFLEY, MD, William M	Dauphin
HEFFLIN, MD, Charles M	Allegheny
HEFFNER JR, MD, George W	Schuylkill
HEFLIN, MD, Daniel W	Lycoming
HEGARTY, MD, Francis A	Allegheny
HEGARTY, JOHN P	Student
HEID, MD, Charles E	Union
HEIDARY, MD, Ghodratallah	Montgomery
HEIDENREICH, MD, Fred P	Allegheny
HEIFETS, MD, Michael	Berks
HEILIGMAN, MD, Nathan H	Lehigh
HEILMAN, MD, J Daniel	Allegheny
HEILMANN, MD, Timothy M	Lawrence
HEIM, MD, William J	Lackawanna
HEIMBACH, MD, George Z	Northampton
HEIMBACH, MD, James A	Blair
HEIMER, MD, Jeffrey L	Centre
HEIN, JEFFREY P	Student
HEINBACH, MD, Robert A	Northmbrland
HEINBACH JR, MD, Robert A	Lycoming
HEINE, MD, William I	Philadelphia
HEINLE, MICHAEL S	Student
HEINLE JR, MD, Edward W	Beaver
HEINLE JR, MD, Frederick J	Lancaster
HEIPLE, MD, Jeanne M	Philadelphia
HEIRD, MD, Steven B	York
HEISE, MD, Michael J	Allegheny
HEISER, MD, Mark S	Philadelphia
HEISEY, MD, John C	Berks
HEISEY, MD, Robert G	Lebanon
HEIST, DO, Kenneth C	Philadelphia
HEISTAND, MD, Landis C	Schuylkill
HEISTERKAMP III, MD, Charles A	Lancaster
HEITZ, MD, James W	Philadelphia
HELDMAN, MD, Irene K	Allegheny
HELFFRICH, MD, Richard S	Blair
HELFRICH JR, MD, Harry M	Delaware
HELLBERG, PETER G	Student
HELLER, MD, Alvin G	Philadelphia
HELLER, MD, Fredericka S M	Berks
HELLER, MD, Melvin S	Philadelphia
HELLMAN, MD, Arthur A	Philadelphia
HELLMAN, MD, Fredric N	Philadelphia
HELM, MD, Robert C	Lancaster
HELM JR, MD, John D	Lancaster
HELMICK, MD, Nathaniel D	Monroe
HELMICK, MD, Wayne W	Beaver
HELSING, MD, Walter J	Beaver
HELWIG JR, MD, John	Philadelphia
HELY, MD, Daniel P	Cumberland
HELZNER, MD, Eileen C	Bucks
HEMLER, MD, Paul M	Dauphin
HEMLEY, MD, Susan R	Northampton
HEMMERLY, MD, William C	Northampton
HEMPHILL, MD, Richard W	Allegheny
HENDERSON, APHRODITE M	Student
HENDERSON, MD, K Wayne	Lycoming
HENDERSON, MD, Robert E	Lawrence
HENDERSON, MD, Rugh A	Lebanon
HENDERSON, MD, Theodore A	Montgomery
HENDLER, MD, Barry H	Philadelphia
HENDLER, MD, Howard M	York
HENDRICKS, MD, Douglas L	Westmoreland
HENDRICKS, MD, Robert T	Crawford
HENDRICKS JR, MD, Gilbert L	Centre
HENDRICKS JR, MD, William C	Erie
HENDRICKSON, MD, Clifford D	Dauphin
HENDRICKSON, MD, Donald C	Franklin
HENDRICKSON, MD, Frank O	Delaware
HENDRICKSON, JAY A	Student
HENDRICKSON, MD, Steven C	Philadelphia
HENDRY, MD, Stanley G	Allegheny
HENNESSEY, MD, David H	Allegheny
HENNESSEY, MD, Joseph F	Montgomery
HENNESSEY, MD, Michael S	Mifflin/Juni
HENNESSEY, WILLIAM J	Student
HENNESSY, DO, Michael P	Philadelphia
HENNIGAN, MD, John J	Lackawanna
HENNING III, MD, George F	Susquehanna
HENNINGER, MD, William H	Berks
HENNON, MD, Don L	Allegheny
HENRIQUES, MD, Errol D	Cambria
HENRIQUEZ, MD, Jack A	Lehigh
HENRIQUEZ, MD, Liliana C	Lehigh
HENRY, MD, Leland T	Armstrong
HENRY, MARK R	Student
HENRY, MD, Scott P	Erie
HENRY, MD, Stephen J	Delaware
HENRY, MD, Walter J	Mckean
HENRY JR, MD, Edgar S	Allegheny
HENRY JR, MD, Leland T	Allegheny
HENSLEY, MD, Frederick A	Dauphin
HENTOSH, MD, John P	Lehigh
HEPLER-SMITH, MD, Elizabeth	Allegheny
HEPLER-SMITH, MD, Michael	Allegheny
HEPNER JR, MD, Thomas A	Montour
HEPP, MD, Walter R	Philadelphia
HEPPNER, MD, Richard L	Allegheny
HERALD, MD, Geoffrey R	Beaver
HERB, MD, Robert W	Allegheny
HERBENER, MD, Thomas E	Allegheny
HERBERT, DO, Rex A	Dauphin
HERBERT, MD, Vicki L	Allegheny
HERBERT, DO, William J	Mercer
HERBICK, MD, William T	Cambria
HERBISON, MD, Gerald J	Philadelphia
HERBST, MD, Bernadette A	Philadelphia
HERBST, MD, Charles G	Erie
HERBST, MD, Vincent P	Lycoming
HERCEG, MD, Stephen J	Dauphin
HERGAN, ROBERT R	Student
HERLICH, MD, Andrew	Allegheny
HERLICH, MD, Thelma L	Allegheny
HERLING, MD, Patti J	Montgomery
HERMAN, MD, Brian A	Allegheny
HERMAN, MD, Carl D	Philadelphia
HERMAN, MD, Dennis	Philadelphia
HERMAN, MD, Harold	Philadelphia
HERMAN, MD, James M	Dauphin
HERMAN, MD, Jay B	Allegheny
HERMAN, MD, Jerry H	Philadelphia
HERMAN, MD, Richard D	Northampton
HERMAN, MD, Roman K	Northampton
HERMAN, MD, Ronald J	York
HERMAN, MD, Walter M	Philadelphia
HERMANN, MD, Christopher P	Bucks
HERMANOVICH JR, MD, John	Berks
HERMANY, DO, Debra K	Lycoming
HERMANY, MD, Paul R	Bucks
HERNANDEZ, MD, Enrique	Philadelphia
HERNANDEZ, MD, Maribel	Philadelphia
HERNANDEZ, MD, Wilbert E	Luzerne
HERNDON, MD, James H	Allegheny
HEROLD, MD, Sanford L	Philadelphia
HEROLD JR, MD, Creston C	Dauphin
HEROMIN, MD, Thomas J	Northmbrland
HERRERA, MD, Anibal F	Delaware
HERRICK, MD, Wayne C	York
HERRING, MD, Allen B	Philadelphia
HERRING, MD, Christina S	Philadelphia
HERRING, MD, William	Philadelphia
HERRMANN, DIANA	Student
HERROLD, MD, Lewis C	York
HERROLD, MD, Warren C	York
HERRON, DANIEL M	Student
HERSCHAFT, MD, Richard J	Lancaster
HERSHENSON, MD, Lee M	Allegheny
HERSHEY, JANE E	Student
HERSHEY, MD, Richard E	Allegheny
HERSHOCK, MD, Bruce A	Westmoreland
HERSHOCK, DIANE M	Student
HERSPERGER, MD, Webb S	Cumberland
HERTLE, MD, Richard W	Philadelphia
HERTZ, MD, Barry C	Chester
HERTZ, MD, Charles S	Lehigh
HERTZ, MD, Jonathan	Lehigh
HERTZOG, MD, James E	Allegheny
HERZEL JR, MD, Frank B	Dauphin
HESBACHER, MD, Edwin N	Montour
HESKEL, MD, Milton M	Philadelphia
HESS, MD, Edward R	Tioga
HESS, MD, Floyd M	Northampton
HESS, MD, Ivan W	Montgomery
HESS, MD, J Clair	Lancaster
HESS, MD, Joseph B	Lancaster
HESS, MD, Paul G	Lancaster
HESS, MD, Steven G	Philadelphia
HESS, SUSAN K	Student
HESSERT, MD, Timothy R	Erie
HETRICK, MD, William D	Allegheny
HETZLER, MD, Norman A	Beaver
HEUERMANN, MD, Robert P	Schuylkill
HEWIE, MD, S P	Indiana
HEWLETT, MD, John O	Dauphin
HEWSON, MD, William C	Chester
HEY JR, MD, E Berry	Berks
HEYDT, MD, Stuart	Luzerne
HEYDT JR, MD, Ernest H	Montgomery
HEYL, MD, Louis W	Allegheny
HEYL, MD, W Meredith	Philadelphia
HEYL JR, MD, Frank E	Fayette
HEYMACH III, MD, George J	Allegheny
HEYMAN, MD, David C	Lycoming
HEYMAN, MD, Rock A	Allegheny
HEYRICH, MD, George P	Philadelphia
HEYWOOD, MD, Susan E	Centre
HEYWOOD, MD, Terence J	Allegheny
HIBELL, EXEC SEC, Barbara	Clarion
HIBEN, EUGENE E	Student
HICKEY, MD, Andrew E	York
HICKEY JR, MD, Daniel	Montgomery
HICKS, MD, Gregory D	Erie
HICKS, MD, James T	Clearfield
HIDALGO, MD, Horacio A	Bucks
HIDALGO JR, MD, Horacio A	Bucks
HIEHLE, MD, J Frederick	Berks
HIEHLE JR, MD, John F	Philadelphia
HIGGINS, MD, David E	Blair
HIGGINS, DO, Kenneth R	York
HIGH, MD, Bertrand J	Berks
HIGHTOWER, MD, Martin C	Montgomery
HIGHTOWER, MD, Stephen F	Cambria
HIJAZI, MD, Saadeddine A	Lackawanna
HILAL, MD, Elias Y	Allegheny
HILBERG, MD, Robert W	Allegheny
HILDEBRAND, LYNNE M	Student
HILEMAN, MD, James D	Erie
HILES, MD, David A	Allegheny
HILL, MD, Cynthia A	Philadelphia
HILL, MD, Daniel E	Lycoming
HILL, DAVID G	Student
HILL, MD, E Merton	Lehigh
HILL, MD, Edward B	Cambria
HILL, MD, John B	Allegheny
HILL, MD, Robert J	Blair
HILL, MD, William R	Jefferson
HILLEMEIR, MD, Herbert	Blair
HILLER JR, MD, Walter W	Allegheny
HILLIKER, MD, Jan K	Union
HILLYER, MD, Peter N	Chester
HILTON, MD, Alexander E	Allegheny
HIMELFARB, MD, Hillard M	Franklin
HIMES, DO, Rand S	Allegheny
HIMES JR, MD, Ralph F	Blair
HIMMELREICH III, MD, Lester L	Cumberland
HIMMELSTEIN, MD, Eugene	Delaware
HIMMELSTEIN, MD, Fred R	Berks
HIMOT, MD, Linda J	Allegheny
HINCHBERGER, MD, Paul A	Butler
HINCHLIFFE, MD, Joseph G	Allegheny
HINDI, MD, Musa A	Luzerne
HINEMAN, MD, Marquis W	Beaver
HINES, MD, Roderick E	Lancaster
HINKENS, MD, George F	Allegheny
HINRICHS, MD, Mark J	Berks
HINSMAN JR, MD, John A	Bradford
HIONIS, MD, Roxane	Philadelphia
HIPP, MD, Thomas J	Bucks
HIPPLE, MD, Randall F	Lycoming
HIPPS, MD, John G	Tioga
HIRSCH, MD, Barry E	Allegheny
HIRSCH, MD, Bernard	Beaver
HIRSCH, MD, Glenn M	Lebanon
HIRSCH, MD, Irvin H	Philadelphia
HIRSCH, MD, Stanley A	Allegheny
HIRSCH, MD, Stuart E	Bucks
HIRSCH, MD, William P	Cambria
HIRSCHFELD, MD, Sondra L	Philadelphia
HIRSH, MD, Bernard C	Philadelphia
HIRSH, MD, Leonard F	Delaware
HIRSH, MD, Marc A	York
HIRSH, MD, Paul D	Berks
HIRSH, MD, Robert A	Philadelphia
HIRSH, MD, S Jay	Delaware
HISRICH, MD, Glenn D	Washington
HITCHCOCK, MD, John	Allegheny
HITCHNER, MD, Lewis C	Delaware
HLAVAC, MD, Cheryl A	Chester
HNELESKI JR, MD, Ignatius S	Chester
HO, MD, Helen W	Philadelphia
HO, MD, Raymond C	Erie
HO, MD, Sze-Key	Erie
HO, MD, Yee C	Allegheny
HOAGLAND, MD, Guy D	Cumberland
HOANG, MD, Tuan Anh	Philadelphia
HOBART, MD, John H	Northampton
HOBBS, MD, Joseph H	Schuylkill
HOBBS, MD, Robert E	Schuylkill
HOBBS, MD, Thomas R	Dauphin
HOBERMAN, MD, Edward	Clinton
HOBERMAN, MD, Maury	Chester
HOBSON, MD, Scott R	Allegheny
HOCA, MD, Renata D	Allegheny
HOCH, MD, Bradley R	Adams
HOCH, MD, Carl W	Allegheny
HOCH, MD, John J	Northampton
HOCHBERG, MD, Robert D	Philadelphia
HOCHMAN, MD, Rodney F	Bradford
HOCKENBERRY, SHERRY L	Student
HOCKFIELD, MD, Hal S	Montgomery
HODES, MD, Philip J	Philadelphia
HODGDON, MD, Alan K	Allegheny
HODGE, MD, Arthur J	Dauphin
HODGENS, MD, Helen L	Philadelphia
HODGES, MD, John H	Philadelphia
HODGSON, MD, John P	Allegheny
HOELLEIN, MD, Deborah E	Philadelphia
HOERNER, MD, George H	York
HOERNER, MD, Oscar G	Cumberland
HOERNER, MD, Ralph W	Philadelphia
HOESSLY, MD, Michel C	Montgomery
HOFFER, MD, Richard S	Montour
HOFFMAN, MD, Arthur D	Lehigh
HOFFMAN, MD, Brenda B	Philadelphia
HOFFMAN, MD, Bruce I	Philadelphia
HOFFMAN, MD, Carl J	Montgomery
HOFFMAN, MD, Chauncey	Cambria
HOFFMAN, MD, David A	Berks
HOFFMAN, MD, David E	Northampton
HOFFMAN, MD, David J	York
HOFFMAN, MD, Franklin D	Allegheny
HOFFMAN, MD, Gilbert M	Northampton
HOFFMAN, MD, Glenn H	Lebanon
HOFFMAN, MD, Holly C	Cumberland
HOFFMAN, MD, Howard L	Franklin
HOFFMAN, MD, J David	Philadelphia
HOFFMAN, MD, J Lynn	Cumberland
HOFFMAN, MD, James P	Montgomery
HOFFMAN, MD, Jill E	Philadelphia
HOFFMAN, MD, John E	Northampton
HOFFMAN, MD, John P	Philadelphia
HOFFMAN, DO, Marc E	Allegheny
HOFFMAN, MD, Salee L	Blair
HOFFMAN, MD, Susan D	Montgomery
HOFFMAN, MD, William J	Westmoreland
HOFFMAN, MD, William W	Lehigh
HOFFMAN JR, MD, George L	Philadelphia
HOFFMAN JR, MD, Richard R	Lebanon
HOFFMAN SR, MD, Richard R	Lebanon
HOFFMAN-TERRY, MD, Margaret L	Lehigh
HOFFMANN, MD, Ron	Montgomery
HOFFMANN, MD, Ursula M	Lehigh
HOFFMASTER, MD, Alfred L	Lawrence
HOFFMEIER, MD, Charles L	Philadelphia
HOFKIN, STEPHEN L	Student
HOFMAN, MD, Walter I	Montgomery
HOFMANN, MD, Douglas J	York
HOFMANN, MD, James W	York
HOFMANN, MD, Mary T	Philadelphia
HOFSTETTER, MD, Alexander M	Allegheny
HOFSTETTER, MD, Mark	Allegheny
HOFSTROM, MD, Glen T	Lycoming
HOGAN, MD, Richard C	Allegheny
HOGAN, MD, W Michael	Montgomery
HOGAN, WILLIAM R	Student
HOGG, MD, Susan M	Lancaster
HOHMANN, MD, Thomas C	Allegheny
HOKE JR, MD, Hugh H	Lancaster
HOLAHAN, MD, Mary P	Philadelphia
HOLCOMBE JR, MD, Guy T	Chester
HOLDER, MD, Arthur J	Lancaster
HOLENCIK, DO, Mark P	Dauphin
HOLFELNER, MD, Edward D	Philadelphia
HOLGADO, MD, Edgardo B	Philadelphia
HOLGADO, MD, Priscila C	Delaware
HOLL, MD, Paul F	Allegheny
HOLLA, MD, P Shripathi	Lackawanna
HOLLAND, MD, Baxter C	Philadelphia
HOLLAND, MD, Clarence A	Lehigh
HOLLAND, MD, Edward F	York
HOLLAND, MD, Mark P	Schuylkill
HOLLAND, MD, Sanford J	Lackawanna
HOLLAND JR, MD, Clarence A	Lehigh
HOLLANDER, MD, Bentley A	Philadelphia

HOLLANDER, MD, George	Philadelphia
HOLLANDER, MD, Irwin J	Bucks
HOLLANDER, MD, Joseph L	Philadelphia
HOLLEN, MD, Robert A	Cumberland
HOLLERAN, MD, Bernard L	Luzerne
HOLLERAN, MD, Daniel K	Bucks
HOLLERMAN, MD, Charles E	Allegheny
HOLLIMAN, MD, Cecil J	Berks
HOLLOWAY, G BRIAN	Student
HOLLOWAY, KATHLEEN A	Student
HOLM, MD, Eric K	Berks
HOLM, MD, William W	Montgomery
HOLMAN, MD, Ingrid A	Allegheny
HOLMBERG, MD, Donald E	Montgomery
HOLMES, MD, John J	Lackawanna
HOLMES, MD, Robert B	Venango
HOLMES, MD, William F	Montgomery
HOLMS, DO, Barry C	Delaware
HOLROYDE, MD, Christopher P	Philadelphia
HOLST, MD, Hazel I	Delaware
HOLSTEIN, MD, James J	Delaware
HOLT, MD, Allen H	Mercer
HOLT, DANIEL L	Student
HOLTZER, KARL W	Student
HOLTZMAN, MD, Henry B	Bucks
HOLUP, DO, John L	Philadelphia
HOLZINGER, MD, Elmer J	Allegheny
HONET, MD, James E	Philadelphia
HONG, MD, Keumsoon	Philadelphia
HONG, MD, Soo W	Lycoming
HONG, MD, Sung H	Beaver
HONGBARCO, MD, Pablo	Allegheny
HONIGMAN, MD, Frederic H	Philadelphia
HOOBLER, MD, Randall J	Erie
HOOD, MD, Henry L	Montour
HOON, MD, William L	Allegheny
HOOT, MD, Andrew C	Allegheny
HOOTMAN, MD, Barry D	Butler
HOOTMAN, MD, J Kenneth	Allegheny
HOOVER, MD, Alan D	Allegheny
HOOVER, MD, Carl H	Lancaster
HOOVER, MD, Darren L	Allegheny
HOOVER, MD, Dean S	York
HOOVER, MD, Paul M	Mercer
HOOVER, MD, Philip A	York
HOOVER, MD, Robert J	Dauphin
HOOVER, MD, Walter W	Allegheny
HOOVER II, MD, Benjamin A	York
HOOVLER, MD, Philip W	Blair
HOPKINS, MD, F Thomas	Montgomery
HOPKINS, MD, John E	Berks
HOPKINS, MD, Robert G	Lancaster
HOPPENFELD, BRAD M	Student
HOPPER, MD, Bruce D	Montgomery
HOPPER, MD, Kenneth D	Dauphin
HORAN, MD, Charles A	Philadelphia
HORAN, MD, Gerald W	Philadelphia
HORCHAK, MD, Alex M	Beaver
HORCHOS, MD, Donald D	Lackawanna
HORN, MD, Lawrence J	Philadelphia
HORN, MD, Richard H	Allegheny
HORN, MD, Thomas L	Allegheny
HORN, MD, William A	Montgomery
HORN III, MD, Frank W	York
HORNER JR, MD, Daniel W	Montgomery
HORNICEK JR, FRANCIS J	Student
HORNICK, MD, Anthony M	Lancaster
HOROWITZ, MD, Carolyn J	Philadelphia
HOROWITZ, MD, Debra L	Allegheny
HOROWITZ, DO, Gary R	Philadelphia
HOROWITZ, MD, Glenn D	Philadelphia
HOROWITZ, MD, Leonard N	Philadelphia
HORROW, MD, Jan C	Philadelphia
HORST, MD, Elmer L	Berks
HORSTMAN, MD, Rosemary	Philadelphia
HORTON, PENNE J	Student
HORVATH, MD, David A	Allegheny
HORVATH, DAVID A	Student
HORWIN, MD, Samuel	Cambria
HORWITZ, MD, Milton R	Bucks
HOSFELD, MD, S Marjorie	Chester
HOSSAIN, MD, Ayesha	Westmoreland
HOST, MD, William R	Wyoming
HOSTEN, MD, Edward B	Philadelphia
HOSTETTER, MD, Abram M	Lebanon
HOTMER, MD, Dianne D	Chester
HOTTENSTEIN, MD, Daniel W	Dauphin
HOTTENSTEIN, MD, Esther	Dauphin
HOTTENSTEIN, MD, Jonathan E	Allegheny
HOU, MD, Ching W	Erie
HOUCK JR, MD, John R	Dauphin
HOUGAARD, MD, John P	Bucks
HOUGH, MD, Douglas R	Bucks
HOUGH, MD, Rodney K	Cumberland
HOUIDES, MD, Athanasios C	Lehigh
HOUSE, MD, Benjamin	Philadelphia
HOUSER, MD, James J	Venango
HOUSHMAND, MD, Cyrus	Carbon
HOUSMAN, MD, John H	Lancaster
HOUSTON, MD, John B	Montour
HOUSTON, MD, R Ross	Lawrence
HOUSTON JR, MD, Robert R	Lawrence
HOVENDEN, MD, Anthony L	Allegheny
HOWANITZ, MD, Emil P	Luzerne
HOWARD, MD, Lawrence J	Lackawanna
HOWARD, MD, Thomas K	York
HOWATT, JANIS L	Student
HOWE, MD, Francis R C	Dauphin
HOWE, MD, J Dale	Northampton
HOWELL, MD, John T	Bucks
HOWELL, MD, Mary P	Dauphin
HOWELL JR, MD, David D	Erie
HOWER, MD, Robert D	Allegheny
HOWLAND, MD, Robert H	Allegheny
HOWSE, MD, Robert M	Lancaster
HOYLE, MD, J Preston	Union
HOYNIAK, ANN L	Student
HOYSON, MD, Gregory M	Allegheny
HOYT, DO, Bernard S	Mercer
HOYT, DO, David G	Mercer
HOYT, MD, John W	Allegheny
HOYT, MD, Ralph C	Berks
HOZACK, MD, William J	Philadelphia
HRABOVSKY, MD, Sharon L	Allegheny
HRATKO, MD, John R	Northampton
HRECZNYJ, MD, Bohdan N	Allegheny
HRINDA, MD, John G	Erie
HRUBY, MD, Pamela J	Allegheny
HRYSHKO, MD, Frank G	Allegheny
HSIANG, DAVID J B	Student
HSIEH, DENNIS S	Student
HSU, JACK W	Student
HSU, MD, Shien S	Washington
HU, CHARLENE H	Student
HU, MD, Kang-Ning	Allegheny
HU, MD, Wei-Tzer	Schuylkill
HUANG, MD, Charng-Ming	Philadelphia
HUANG, MD, Chau Fe	Lackawanna
HUANG, MD, Jung T	Bradford
HUANG, MARK E	Student
HUBBARD, MD, F Alan	Philadelphia
HUBBARD, MD, John P	Philadelphia
HUBBARD, MD, Raymond J	Berks
HUBER, MD, Donald J	Allegheny
HUBER, MD, Kenneth C	Allegheny
HUDAK, MD, Mary J	York
HUDES, MD, Debra L	Philadelphia
HUDIS, MD, Clifford A	Philadelphia
HUDOCK, MD, Jude A	Philadelphia
HUDOCK, MD, Michael J	Bradford
HUDOCK, MD, Stephen A	Bradford
HUDOCK JR, MD, George E	Luzerne
HUDSON, MD, Howard L	Erie
HUDSON JR, MD, Howard E	Lehigh
HUDZINSKI, MD, Martin	Franklin
HUERTER, MD, Nancy J	Dauphin
HUFFARD, MD, Robert S	Centre
HUFFER, MD, Donald H	York
HUFFMAN, MD, Pamela A	Philadelphia
HUFFNAGLE, MD, Henry W	Lancaster
HUGHES, MD, David C	Indiana
HUGHES, MD, David P	Lancaster
HUGHES, MD, George V	Allegheny
HUGHES, MD, Howard G	Montour
HUGHES, MD, James M	Allegheny
HUGHES, MD, Patrick H	Allegheny
HUGHES, MD, Paul J	Luzerne
HUGHES, MD, William M	Westmoreland
HUGHEY, MD, James R	Washington
HUHTA, MD, James C	Philadelphia
HULICK, MD, Peter R	Lancaster
HULL III, MD, Donald F	Lycoming
HULLEY JR, MD, William C	Allegheny
HUME, MD, Eric L	Philadelphia
HUMES, MD, Alexander B	Allegheny
HUMES, MD, Ellen M	Mifflin/Juni
HUMMER JR, MD, Charles D	Delaware
HUMPHREY, MD, Diego S	Philadelphia
HUMPHREYS, MD, Earl A	Allegheny
HUMPRIES, MD, Thomas J	Philadelphia
HUNDLEY, MD, J Warren	Philadelphia
HUNN, RICHARD H	Student
HUNSBERGER, MD, Charles L	Cambria
HUNSBERGER, MD, Joseph L	Montgomery
HUNSICKER, MD, Llewellyn W	Monroe
HUNSICKER, MD, Robert C	Northampton
HUNT, MD, Eugene H	Bucks
HUNT, MD, Josiah A	York
HUNT, MD, Robert E	Allegheny
HUNT, MD, Robert E	Butler
HUNT, MD, William R	Allegheny
HUNT JR, MD, William T	Philadelphia
HUNTER, MD, Carol A	Lehigh
HUNTER, MD, Doris M	Allegheny
HUNTER, MD, George R	Westmoreland
HUNTER, MD, James M	Philadelphia
HUNTER, MD, John S	Berks
HUNTER, MD, Marvin T	Bucks
HUNTER, MD, Michael A	Montgomery
HUNTER, MD, Robert G	Columbia
HUNTER, MD, Robert J	Centre
HUNTINGTON, CHRISTOPHER F	Student
HUNTLEY, MD, Arthur C	Philadelphia
HUNTLY, MD, Michael R	Bradford
HUOT, MD, David A	Allegheny
HUREWITZ, MD, Sylvan J	Philadelphia
HURH, MD, Ryon	Allegheny
HURITE, MD, Francis G	Allegheny
HURLEY, MD, Harry J	Delaware
HURLEY, MD, John N	Philadelphia
HURLEY II, MD, James E	Franklin
HURLOCK, MD, Joan E	Philadelphia
HUROWITZ, DO, Marc P	Philadelphia
HURSH, MD, Dale K	Lancaster
HURST, MD, John W	Blair
HURST, MD, Kenneth L	Lycoming
HURWITZ, DO, Charles	Philadelphia
HURWITZ, MD, Dennis J	Allegheny
HURWITZ, MD, Larry E	Allegheny
HURWITZ, MARK D	Student
HUSAIN, MD, Zahid	Luzerne
HUSAINI, MD, Syed N	Allegheny
HUSHION, MD, William F	Delaware
HUSKEY, MD, Richard E	Luzerne
HUSSAINI, MD, Syed R	Allegheny
HUSSON, MD, Michael A	Philadelphia
HUST, MD, Frederick S	Butler
HUSTON, MD, Charles C	Clarion
HUTCHINGS, MD, Diana M	Bucks
HUTCHINSON, MD, Laurence D	Allegheny
HUTCHINSON, MD, Thomas A	Lehigh
HUTCHINSON III, DO, Harry J	Chester
HUTCHISON, MD, James C	Montgomery
HUTH, MD, Edward J	Philadelphia
HUTSON, DO, Jody W	Luzerne
HUTT, MD, Gordon H	Lancaster
HUTTON, MD, John E	York
HUXSTER, MD, Robert H	Chester
HWAN, MD, Jung J	Lackawanna
HWANG, LISA M	Student
HYATT, MD, Floyd R	Erie
HYATT, MD, Glenn A	Montgomery
HYATT, MD, Robert W	Philadelphia
HYETT, MD, Marvin R	Philadelphia
HYKES, MD, James I	Montgomery
HYLAND, JULIA K	Student
HYLBERT JR, MD, Kenneth W	Centre
HYMAN, MD, Daniel	Montgomery
HYMAN, MD, David S	Northampton
HYMAN, MD, Harold L	Philadelphia
HYMAN, MD, Herbert L	Lehigh
HYMAN, MD, Richard L	Montgomery
HYNES, MD, Elizabeth T	Dauphin
HYZINSKI, MD, Martin B	Lackawanna

I

IALEGGIO, MD, John J	Northampton
IAMS, MD, William B	Dauphin
IANCU, MD, Albert L	Allegheny
IANNAMORELLI, MD, Anthony S	Fayette
IANNARONE, MD, Lorenz N	Montgomery
IANNOTTA, MD, Patricia Nancy	Philadelphia
IANNUZZI, MD, C Charles	Allegheny
IBANEZ, MD, Melchisedec	Mckean
IBARRA, MD, Joseluis	Lancaster
ICHIKAWA, MD, Diane C L	Allegheny
ICHTER, MD, Joseph T	Luzerne
ICKLER, MD, John L	Montgomery
IDDENDEN, MD, David A	Philadelphia
IDICULLA, MD, Anne A	Philadelphia
IDREES, MD, Mohammad	Allegheny
IDUCOVICH, MD, Nicholas	Westmoreland
IGIDBASHIAN, DO, Vartan N	Delaware
IGLESIAS, MD, Manuel	Lancaster
IGNACIO JR, MD, Glicerio V	Cambria
IGNATIUS, MD, Paul F	Warren
IJELU, MD, Gordon	Philadelphia
ILJAS, ELISABETH H	Student
ILKHANIPOUR, MD, Kaveh	Allegheny
ILKHANIPOUR, MD, Valeh	Allegheny
ILKHANIPOUR, MD, Zahra S	Allegheny
ILLINGWORTH, DO, William A	Bedford
ILSON, MD, Bernard E	Philadelphia
IMAGIRE, JILLIAN S	Student
IMAIZUMI, MD, Shotaro	Delaware
IMBER, MD, Irving	Berks
IMBESI, MD, Steven G	Philadelphia
IMBRIGLIA, MD, Joseph E	Luzerne
IMBRIGLIA JR, MD, Joseph E	Allegheny
IMBROGNO, MD, Michael S	Luzerne
IMPERATO, MD, Pascal J	Chester
IMPERIALE, MD, Salvatore M	Luzerne
IMPINK, MD, Robert R	Berks
INCORVATI, DO, Dennis L	Allegheny
INCORVATI, DO, Robert L	Allegheny
INDECK, MD, Matthew C	Montour
INDORATO, MD, Leroy S	Allegheny
INFANTE, MD, Mary R	Philadelphia
INFANTE, MD, Olga L	Philadelphia
INFANTOZINO, MD, Anthony	Philadelphia
INGAGLIO, MD, Philip E	Philadelphia
INGERMAN, MD, Mark J	Philadelphia
INGERSOLL, MD, Charles J	Philadelphia
INGERSOLL, MD, Wendy B	Philadelphia
INGRAM, MD, Michael D	Allegheny
INGUI, MD, John	Philadelphia
INNERS, MD, Charles R	Dauphin
INNIS, MD, Patricia A	Berks
INOUYE, LISA S	Student
INSLEY JR, MD, Marion C	Dauphin
INZERILLO, MD, John J	Dauphin
IOBST, MD, William F	Luzerne
IORIO, MD, Louis J	Mckean
IPPOLITO, MD, Scott F	Wayne/Pike
IRACKI, MD, Daniel A	Allegheny
IRANI, MD, Mahakhurshid	Northampton
IRANI, MD, Mahatab	Northampton
IRANI, MD, Roshen N	Philadelphia
IRBY, MD, Susan K	Allegheny
IREY JR, MD, Philip M	Columbia
IRIZARRY, MD, Carmen P	Lancaster
IRVING, MD, Thomas H	Allegheny
IRWIN, MD, John T	Bucks
IRWIN JR, MD, Glenn E	Mckean
ISAACS, MD, Charles T	Dauphin
ISAACS, MD, Gilbert H	Allegheny
ISAACS, MD, S Marshal	Allegheny
ISAACSON, MD, Howard	Philadelphia
ISAACSON, MD, Stanford	Allegheny
ISAKOV, ALEXANDER P	Student
ISARD, MD, Harold J	Philadelphia
ISARIYAWONGSE, MD, Prakorb	Fayette
ISDANER, MD, Neil L	Philadelphia
ISENBERG, MD, Chester L	Huntingdon
ISENBERG, MD, Gerald A	Philadelphia
ISENBERG, MD, Richard A	Philadelphia
ISHLER, MD, H Richard	Centre
ISIDRO, MD, Eugenio G	Lawrence
ISLAMOFF, MD, Igor I	Cambria
ISMAEL, MD, Mohamed M	Allegheny
ISMAIL-BEIGI, MD, Farhad	Allegheny
ISRAEL, MD, Harold L	Philadelphia
ISRAEL, MD, Michael	Allegheny
ISRAEL, MD, Robert H	Warren
ITKIN, MD, Irving H	Philadelphia
ITSKOWITZ, MD, Alan L	Allegheny
ITSKOWITZ, MD, Harvey Z	Philadelphia
ITZKOFF, MD, Jerome M	Allegheny
IVES, MD, William L	Columbia
IVINS, MD, Joseph L	Delaware
IVINS, MD, Samuel P	Delaware
IVKER, MD, Morris	Montgomery
IVY, MD, Mary E	Lancaster
IZES, DO, Paul M	Philadelphia
IZZO, MD, Domenic C	Berks
IZZO, MD, Kenneth L	Philadelphia
IZZO, MD, Mark R	Philadelphia

J

JABBOUR, MD, Banna R	Allegheny
JABLIN, MD, Peter M	Franklin
JABLON, MD, Norman C	Montgomery
JABLONSKI, MD, Richard R	Allegheny
JACKLINE JR, MD, Joseph J	Allegheny
JACKSON, MD, Frank W	Dauphin
JACKSON, MD, Jay R	York
JACKSON, MD, Paul W	Delaware
JACKSON, MD, Timothy L	Allegheny
JACOB, MD, Herbert E	Allegheny
JACOB, MD, Leonard S	Philadelphia
JACOB, MD, W Lindsay	Allegheny
JACOBELLI, MD, Michael C	Bucks
JACOBIUS, MD, Henry F	Northampton
JACOBS, ALAN J	Student
JACOBS, MD, Clyde H	Northmbrland
JACOBS, MD, David	Allegheny
JACOBS, MD, Francis	Chester
JACOBS, MD, George J	Allegheny
JACOBS, MD, Irvin	Luzerne
JACOBS, MD, Joseph A	Philadelphia
JACOBS, MD, Joseph M	Northampton
JACOBS, MD, Kenneth M	Lackawanna
JACOBS, MD, Mark	Delaware
JACOBS, MD, Richard R	Allegheny
JACOBS, MD, Robert P	Philadelphia
JACOBS, MD, Robert V	Somerset
JACOBS, MD, Samuel A	Allegheny
JACOBS, MD, Stanley R	Philadelphia
JACOBSON, MD, Horace H	Bradford
JACOBSON, MD, Louise	Lackawanna
JACOBSON, DO, Mark	Dauphin
JACOBSON, MD, Martin A	Berks
JACOBSTEIN, MD, Jerome G	Philadelphia
JACOBUS, MD, Judith L	Blair
JACOBY, MD, Richard A	Philadelphia
JACQUES, MD, George A	Allegheny
JACQUES, MD, Janice A D	Montgomery
JADITZ, DO, Stephen G	York
JAEGER, MD, Edward A	Delaware
JAEGER, MD, Robert M	Lehigh
JAEGER, MD, Scott H	Philadelphia
JAEGER, MD, Scott M	Allegheny
JAFAR, MD, Mohammad A	Philadelphia
JAFARI, MD, Nercy	Lehigh
JAFFARI, MD, Mohammed	Philadelphia
JAFFE, MD, Beryl	Philadelphia
JAFFE, MD, John S	Lehigh
JAFFE, MD, Louis	Montgomery
JAFFE, MD, Marvin E	Philadelphia
JAFFE, MD, Ronald	Allegheny
JAFFE, MD, Stephen C	Philadelphia
JAFFEE, DO, Lee	Philadelphia
JAGANNATH, MD, Anand	Dauphin
JAHNLE, MD, Richard L	Delaware
JAHRE, MD, Jeffrey A	Northampton
JAHROMI, MD, Heidar K	Chester
JAIKISHEN, MD, Pannathpur	Delaware
JAKAB, MD, Irene	Allegheny
JAKUBEK, MD, Donald J	Westmoreland
JALALI, MD, Shailen	Philadelphia
JALBUENA, MD, Robert C	Delaware
JAMA, DO, Robert H	Lackawanna
JAMALI, MD, Anmar A	Delaware
JAMES, DO, Edward E	Allegheny
JAMES, MD, Frank S	Philadelphia
JAMES, MD, Geoffrey M	Dauphin
JAMES, JEFFREY R	Student
JAMES, MD, Russell E	Luzerne
JAMESON, MD, E Carleton	Lancaster
JAMIL, MD, Qazi A	Mckean
JAMISON, DO, Thelma M	Montgomery
JAMSHIDI, MD, Javad	Beaver
JAN, MD, Rehana A	Philadelphia
JAN, MD, Ronald S	Philadelphia
JAN, MD, Tayyaba S	Lackawanna
JANA, MD, Barid B	Westmoreland

JANAKIRAMAN, MD, Vijyayara G	Blair
JANECKA, MD, Ivo P	Allegheny
JANERICH, MD, Albert D	Luzerne
JANEWAY, MD, Timothy	Allegheny
JANG, MD, Jang-Huei	Luzerne
JANIAK, DO, Daniel D	Allegheny
JANICIJEVIC, MD, Milena	Allegheny
JANICIJEVIC, MD, Nenad	Allegheny
JANICK, MD, Peter Aaron	Philadelphia
JANIUK, JENNIFER M	Student
JANJIGIAN, MD, Edward R	Luzerne
JANNE, PASI A	Student
JANNELLI, MD, Angela F	Bucks
JANNELLI, MD, Dorothy F	Allegheny
JANNETTA, MD, Peter J	Allegheny
JANORA, DEANNA M	Student
JANOSKO, MD, Rudolph E M	Allegheny
JANOWITZ, MD, Michael J	Allegheny
JANSEN, MD, Bruce M	Allegheny
JANSEN, PERRY A	Student
JANSON, MD, Russell R	Dauphin
JAQUISS, MD, G William	Allegheny
JARAMILLO, MD, Beverly Ann	Allegheny
JARDINE, JILL C	Student
JARIWALA, MD, Leticia Q	Allegheny
JARMAN, MD, Martha L	Bucks
JARMOLOWSKI, MD, Chester R	Allegheny
JAROWENKO, MD, Daleela G	Lancaster
JAROWENKO, MD, Mark V	Dauphin
JARRELL, MD, Bruce E	Philadelphia
JARRETT, MD, Fredric	Allegheny
JARRETT, MD, Patricia J	Allegheny
JARVIS, MD, F Wayne	Philadelphia
JARYMOVYCH, MD, Jaroslaw I	Philadelphia
JAURIGUE, MD, Venerando G	Philadelphia
JAVAN, MD, Mehdi B	Westmoreland
JAWAD, MD, Basil S	Chester
JAWORSKI, RICHELLE D	Student
JAXHEIMER, MD, Eric C	Berks
JAY JR, MD, W Thomas	Berks
JAYAKUMAR, MD, Subramoniam	Washington
JAYSON, MAURY A	Student
JEFFERIES III, MD, George E	Dauphin
JEFFERIS, MD, Earl S	Lehigh
JEFFERS, MD, John B	Philadelphia
JEFFERSON, ROY W	Student
JEFFREYS, MD, William H	Montour
JEFFRIES, MD, C Stephen	Allegheny
JEFFRIES, DO, Nancy E	Lancaster
JEGASOTHY, MD, Brian V	Allegheny
JELEN, MD, Joseph A	Philadelphia
JENCKES III, MD, George A	Berks
JENKINS, MD, B Wheeler	Philadelphia
JENKINS, MD, Barry L	Schuylkill
JENKINS, MD, Benjamin C	Blair
JENKINS, MD, Jay L	Erie
JENKINS, MD, Rosemary	Dauphin
JENKINS III, ARTHUR L	Student
JENKINS JR, MD, Robert J	Allegheny
JENKS, MD, John S	Philadelphia
JENNEY, MD, Florence S	Butler
JENNINGS, MD, David T	Lycoming
JENNINGS, JAMES E	Student
JENOFSKY, MD, Jack	Philadelphia
JENS, MD, Kurtis D	Lancaster
JENSEN, MD, Gordon L	Montour
JENSEN, NANCY L	Student
JESICK, MD, Ann R	Indiana
JESSAR, MD, Ralph A	Philadelphia
JETTER, MD, Walter W	Westmoreland
JEW III, MD, Edward W	Allegheny
JEW JR, MD, Edward W	Allegheny
JEWELL, MD, Melanie	Philadelphia
JEWELL JR, MD, James H	Berks
JEWELLS, DO, Valerie L	Philadelphia
JEYARAJ, MD, Francis	Montgomery
JHO, MD, Hae Dong	Allegheny
JIMENEZ, MD, Fernando	Philadelphia
JIMERSON, MD, Cedric C	Berks
JIN, MD, Byunghak	Fayette
JOCHNOWITZ, MD, Michael J	Montgomery
JOCO, MD, David G	Lycoming
JOFFE, DO, Ralf	York
JOGLEKAR, MD, Kanchan S	Jefferson
JOGLEKAR, MD, Shirish S	Jefferson
JOHAN, MD, Morton	Allegheny
JOHN, MD, Lawrence R	Allegheny
JOHN, MD, Maliyakkal J	Columbia
JOHN, MD, Martha D	Allegheny
JOHN, EXEC DIR, Paul P	Lycoming
JOHNS, MD, Christopher M	Allegheny
JOHNS, MD, Milton W	Lancaster
JOHNS IV, MD, Walter S	Erie
JOHNSEN, MD, David E	Montour
JOHNSON, MD, Alfred T	Berks
JOHNSON, MD, Bernett L	Philadelphia
JOHNSON, MD, Carl G	Lancaster
JOHNSON, MD, Charles F	Lehigh
JOHNSON, MD, Cheryl A	Dauphin
JOHNSON, MD, Craig H	Berks
JOHNSON, MD, David W	Allegheny
JOHNSON, MD, Dennis R	York
JOHNSON, MD, Don E	Philadelphia
JOHNSON, MD, Dorothy E	Luzerne
JOHNSON, MD, Douglas E	Lehigh
JOHNSON, MD, Elting C	Bradford
JOHNSON, MD, Franklin P	Allegheny
JOHNSON, MD, Gary E	Allegheny
JOHNSON, MD, George M	York
JOHNSON, MD, Glen	Bradford
JOHNSON, MD, Herbert C	Berks
JOHNSON, MD, James R	Allegheny
JOHNSON, MD, Joan E	Lancaster
JOHNSON, MD, Jonas T	Allegheny
JOHNSON, MD, Peter C	Allegheny
JOHNSON, MD, Richard B	Westmoreland
JOHNSON, DO, Richard E	Schuylkill
JOHNSON, MD, Robert G	Philadelphia
JOHNSON, MD, Robert P	Lancaster
JOHNSON, MD, Roberta M	Clinton
JOHNSON, MD, Van W	Warren
JOHNSON, MD, Waine C	Philadelphia
JOHNSON, MD, Walter K	Westmoreland
JOHNSON, MD, William T	Berks
JOHNSON III, MD, S Harris	Allegheny
JOHNSON JR, DO, Allan C	Lancaster
JOHNSON JR, MD, Bertram L	Lancaster
JOHNSON JR, MD, Howard J	Philadelphia
JOHNSON JR, MD, Thomas A	Philadelphia
JOHNSON-HAMERMAN, MD, Lois M	Philadelphia
JOHNSONBAUGH, MD, Roger E	Delaware
JOHNSTON, DO, Craig T	Erie
JOHNSTON, MD, Dorothy	Schuylkill
JOHNSTON, MD, Eugene V	Lancaster
JOHNSTON, MD, Frank B	Philadelphia
JOHNSTON, DO, Harry D	Franklin
JOHNSTON, MD, J Murl	Allegheny
JOHNSTON, MD, James B	Venango
JOHNSTON III, MD, James R	Cumberland
JOHNSTON JR, MD, John A	Allegheny
JOHNSTONE, MD, Graham F	Allegheny
JOLLY, MD, Raj K	Elk/Cameron
JONES, MD, Ancil A	Delaware
JONES, MD, C Henry	Lackawanna
JONES, MD, Daniel C	Montgomery
JONES, MD, David G	Lehigh
JONES, MD, David J	York
JONES, MD, Edward	Lebanon
JONES, MD, Edward L	Bradford
JONES, MD, Edward R	Northampton
JONES, MD, Edward R	Philadelphia
JONES, MD, Frank E	Allegheny
JONES, MD, Frederick L	Huntingdon
JONES, MD, George A	Dauphin
JONES, MD, George J	Washington
JONES, MD, James E	Dauphin
JONES, DO, Jeffrey J	Berks
JONES, MD, Joseph C	Adams
JONES, MD, Larry M	Washington
JONES, MD, Larry W	Blair
JONES, MD, Michael W	Lycoming
JONES, MD, Neil F	Allegheny
JONES, MD, Phillip E	Philadelphia
JONES, MD, Raymond R	Chester
JONES, REBECCA K	Student
JONES, MD, Robert K	Delaware
JONES, MD, Robyn R	Philadelphia
JONES, MD, Seth M	Philadelphia
JONES, MD, Steven R	Allegheny
JONES, MD, Stuart A	Lehigh
JONES, MD, Terrence H	Lancaster
JONES, MD, Thomas R	Montour
JONES, MD, Tom B	Mercer
JONES, DO, Wayne T	York
JONES, MD, Wendell E	Allegheny
JONES JR, MD, Frederick L	Montour
JONES JR, MD, John H	Lycoming
JONES JR, MD, Robert T	Allegheny
JONES-GORDON, MD, Sandra M	Allegheny
JORDAN, MD, Claus G	Monroe
JORDAN, MD, Jerome W	Lackawanna
JORDAN, MD, William P	Monroe
JORDAN, MD, Wm J	Lackawanna
JORDAN III, MD, Walter E	Lackawanna
JORGE, MD, Eduardo	Dauphin
JORGENSEN, MD, Brian K	Philadelphia
JORKASKY, MD, Diane K	Philadelphia
JOSEPH, MD, Alfred J	Mercer
JOSEPH, MD, Andrew H	Allegheny
JOSEPH, MD, Elaine R	Allegheny
JOSEPH, MD, Geoffrey	Westmoreland
JOSEPH, MD, George M	Northampton
JOSEPH, DO, Jeffrey I	Philadelphia
JOSEPH, MD, Kadankavil C	Elk/Cameron
JOSEPH, MD, Monte L	Allegheny
JOSEPH, MD, Raymond E	Philadelphia
JOSEPH, MD, Raymond J	Luzerne
JOSHI, MD, Harendra V	Philadelphia
JOSHI, MD, Kishor E	Fayette
JOSHI, MD, Kundabala S	Philadelphia
JOSHI, MD, Manohar J	Allegheny
JOSON, MD, Raymond M	Philadelphia
JOSON JR, MD, Raymond M	Bucks
JOSSELSON, MD, Alan S	Montgomery
JOURDAIN, MD, Luis M	Blair
JOVANOVICH, MD, Daniel B	Allegheny
JOY, MD, Charles A	Erie
JOY, MD, Charles R	Erie
JOYCE, MD, Daniel J	Lancaster
JOYCE, MD, Judith M	Allegheny
JOYCE, MD, Michael F	Montgomery
JOYCE III, MD, John J	Philadelphia
JOYNER, MD, David M	Dauphin
JOYNER, WILLIAM L	Student
JOZEFCZYK, MD, Patricia B	Allegheny
JOZEFIAK, MD, Judith A	Montgomery
JUANG, MD, Richard C	Erie
JUAREZ, MD, Rolando	Montgomery
JUBELIRER, MD, Robert A	Montgomery
JUDD, MD, James D	Montgomery
JUDGE, MD, John D M	Northmbrland
JUDGE, MD, Sheila	Philadelphia
JUDGE III, MD, James W	Chester
JUDSON, MD, John P	Dauphin
JUDSON, MD, William W	Lycoming
JUHASZ, MD, Alex B	Indiana
JULES, MD, Arnold J	Montgomery
JULIA, MD, Ronald R	Northampton
JULIAN, MD, Maryjane A	Schuylkill
JULIAN, MD, Thomas B	Allegheny
JULIEN, TYA-MAE Y	Student
JULIUS, MD, Ernest L	Luzerne
JUNCOS, MD, Guillermo R	Chester
JUNEJA, MD, Damyanti	Philadelphia
JUNEJA, MD, Ish K	Philadelphia
JUNG, ANDREW D	Student
JUNG, MD, Hong I	Lackawanna
JUNG, MD, Jay Soo	Lehigh
JUNG, MD, Jennifer L	Bucks
JUNG, MD, Tinliung	Mckean
JUNGREIS, MD, Charles A	Allegheny
JUNKIN, MD, David M	Montgomery
JUNOD, MD, John B	Bucks
JURGENS, MD, Kenneth H	Erie
JURGENSEN, MD, John C	Cumberland
JURIST, MD, Louis M	Montgomery
JURNOVOY, MD, Joel B	Delaware
JUSTIN, MD, Peter A	Northmbrland
JUSTMAN, MD, Judith I	Philadelphia
JUVELIER, MD, Bernard W	Dauphin

K

KAAR, MD, Richard C	Lycoming
KABLER, MD, Ronald L	Montour
KACHEL, MD, Thomas A	Dauphin
KACZMARCZYK, MD, Theodore R	Lackawanna
KACZOR, MD, Stanley F	Blair
KADIS, MD, Milton H	Luzerne
KADISH, MD, Rebecca	Philadelphia
KAFRISSEN, MD, Steven R	Luzerne
KAGUYUTAN, MD, Alfredo G	Adams
KAGUYUTAN, MD, Ofelia D	Adams
KAHLER, DO, David E	Philadelphia
KAHLER, MD, Gerald W	Venango
KAHLER, MD, Roberta A	Venango
KAHN, MD, Bernard L	Philadelphia
KAHN, CHANA S	Student
KAHN, MD, Donald L	Philadelphia
KAHN, MD, Hyman R	Philadelphia
KAHN, MD, Ronald L	Bradford
KAHN, MD, Sandra J	Philadelphia
KAHN, MD, Sigmund B	Philadelphia
KAHN, SIMONE	Student
KAHN, MD, Y Raymond	Armstrong
KAHWASH, MD, Samir B	Allegheny
KAIDBEY, MD, Kays	Philadelphia
KAIN III, MD, Thomas M	Delaware
KAIRYS, MD, Leo R	Allegheny
KAIRYS, MD, Marie Z	Philadelphia
KAISER, MD, Ralph H	Lycoming
KAITZ, MD, Ellen S	Philadelphia
KAJANI, MD, Mehdi K	Philadelphia
KAJI, ARJUN V	Student
KAKODKAR, MD, Vasundhara S	Northampton
KALAGAYAN, MD, Hector J	Erie
KALENAK, MD, Alexander	Dauphin
KALIK, DO, Joseph R	Mercer
KALIMAN, MD, Edward G	Allegheny
KALISH, MD, Robert W	Philadelphia
KALKHOF, MD, Thomas C	Erie
KALKUNTE, MD, Jagdish R	Bradford
KALLA, MD, Richard L	Allegheny
KALLISH, MD, Marvin N	Philadelphia
KALLOZ, MD, John R	Adams
KALMAN, DO, Leslie M	Greene
KALMANSON, MD, Jacob D	Allegheny
KALNICKI, MD, Shalom	Allegheny
KALNINS, MD, Linda Y	Allegheny
KALODNER, DO, David R	Delaware
KAMAKA, MD, Martina L	Lancaster
KAMBE, ARBETTA M	Student
KAMBIN, MD, Parviz	Philadelphia
KAMDAR, MD, Jayant C	Philadelphia
KAMEEN, MD, Anthony J	Luzerne
KAMEN, DO, Leonard B	Philadelphia
KAMERER, MD, Donald B	Allegheny
KAMINENI, MD, Uma	Philadelphia
KAMINSKI, MD, Robert J	Allegheny
KAMINSKI, MD, Thomas N	Westmoreland
KAMINSKY, MD, James F	Erie
KAMPER, CAROLINE A	Student
KAMSLER, MD, David F	Adams
KANAL, MD, Emanuel	Allegheny
KANDABAROW, MD, Alexander	Allegheny
KANDEL, MD, Arie	Philadelphia
KANDRA, MD, Joseph J	Dauphin
KANDULA, MD, Ravindra R	Northampton
KANE, MD, James A	Lackawanna
KANE, MD, Joan D	Delaware
KANE, MD, John J	Allegheny
KANE, MD, John S	Montgomery
KANE, MD, Kevin M	Allegheny
KANE, MD, Matthew S	Montgomery
KANE, DO, Patricia B	Berks
KANE, MD, Patrick L	Allegheny
KANE, MD, William M	Delaware
KANEDA, DO, Robert R	Dauphin
KANEFIELD, DO, Marvin	Philadelphia
KANENSON, MD, William L	Dauphin
KANG, MD, Se-Boo	Armstrong
KANIA, MD, Robert J	Allegheny
KANIS, MD, Myron L	Philadelphia
KANN, MD, David	Dauphin
KANN, MD, Jules	Allegheny
KANNAN, MD, Vaidehi	Delaware
KANOFF, DO, Martin E	Philadelphia
KANOFF, MD, Steven J	Northampton
KANOUSE, MD, Gary D	Columbia
KANSAGRA, MD, Jasmat N	Cambria
KANSAL, MD, Kusum R	Blair
KANSAL, MD, Raj G	Blair
KANT, MD, Naval	Union
KANT, MD, Nila N	Union
KANTER, MD, Frank J	Philadelphia
KANTER, DO, James G	Philadelphia
KANTOR, MD, Robert J	Dauphin
KANWIT, MD, Bert A	Lehigh
KAO, MD, Chien-Kuo	Allegheny
KAO, MD, Lidia Wei Liu	Allegheny
KAO, MD, Yi H	Clearfield
KAO, MD, Yu Song	Luzerne
KAPADIA, MD, Dilip L	Delaware
KAPCALA, DO, Jan S	Monroe
KAPLAN, MD, Barry R G	Mckean
KAPLAN, MD, Bernard	Philadelphia
KAPLAN, MD, Carl	Allegheny
KAPLAN, MD, Frank E	Montgomery
KAPLAN, MD, Kenneth R	Montgomery
KAPLAN, MD, Lawrence M	Berks
KAPLAN, MD, Louis	Philadelphia
KAPLAN, MD, Peter D	Allegheny
KAPLAN, RICH M	Student
KAPLAN, MD, Richard H	Philadelphia
KAPLAN, MD, Robert D	Philadelphia
KAPLAN, MD, Robin L	Berks
KAPLAN, MD, Sheldon B	Allegheny
KAPLAN, MD, Sheldon J	Berks
KAPLAN, MD, Stephen M	Blair
KAPLAN, MD, Susan G	Delaware
KAPLOW, MD, Gwen H	Philadelphia
KAPOOR, MD, Rajeshwar D	Allegheny
KAPPAKAS, MD, George S	Allegheny
KAPUSTA, MD, Mario Osvaldo	Philadelphia
KAR, MD, Dilip S	Westmoreland
KARA, MD, Aoun B	Northampton
KARABELNIK, MD, Don	Berks
KARAFIN, MD, Lester	Philadelphia
KARALIS, MD, Dean G	Philadelphia
KARAMANIAN, MD, Agop V	Erie
KARAMCHANDANI, MD, Nilima T	Allegheny
KARAMCHETI, MD, Anand	Washington
KARANJIA, MD, Minoo D	Indiana
KARASICK, MD, Sheldon R	Philadelphia
KARAYANNIS, MD, Basil N	Delaware
KARCSH, DO, Henry J	Chester
KARDISH, MD, Thomas J	Bucks
KARDUCK, MD, John S	Cambria
KAREHA, MD, Louis G	Lackawanna
KARETAS, MD, Alexandra I	Philadelphia
KARIAN, MD, John M	Venango
KARIMKHANI, MD, Kobra	Allegheny
KARLAVAGE, MD, John J	Schuylkill
KARLE, MD, John G	Erie
KARLIN, DO, Paul S	Philadelphia
KARLSTADT, MD, Robyn Gail	Philadelphia
KARNIK, MD, Subash S	Bucks
KARP, MD, Joseph S	Philadelphia
KARP, MD, Juliana	Allegheny
KARP, MD, Louis A	Philadelphia
KARPF, MD, Michael	Allegheny
KARPIN, MD, Max	Delaware
KARPINSKI JR, MD, Felix E	Montgomery
KARPINSKI JR, MD, Stephen J	Allegheny
KARRON, MD, Betty	Lehigh
KARSCHNER, MD, Janet K	Allegheny
KARSH, MD, Carl A	Erie
KART, MD, Barry H	Allegheny
KARUMBAYA, MD, Romola	Lackawanna
KARUNARATNE, MD, Esiri R	Blair
KARUTURI, MD, Krishna K	Allegheny
KARVER, MD, Sloan B	Monroe
KASALES, MD, Clarence J	Lebanon
KASARDA, MD, Frances E	Philadelphia
KASDAN, MD, Richard B	Allegheny
KASDIN, MD, Sharon L	Philadelphia
KASE, MD, James J	Berks
KASE, MD, Paul F	Dauphin
KASE, MD, Wm A	Philadelphia
KASEFF, MD, Leon G	Philadelphia
KASH, MD, Kenneth G	Monroe
KASHATUS, MD, Wm C	Philadelphia
KASHURBA, MD, Glenn J	Somerset
KASHURBA, MD, Mary T	Somerset
KASIRSKY, DO, Gilbert	Bucks
KASPAR, MD, Albert J	Northampton
KASPARIAN, MD, Hratch	Philadelphia
KASPER, MD, Kevin J	Delaware
KASPRENSKI, MD, Matthew A	Lehigh
KASPRENSKI, MD, Matthew L	Lehigh
KASPUTIS, MD, David A	Columbia
KASS, DO, Richard W	Philadelphia

KASTELIC, MD, Richard M	Cambria
KASTENBAUM, MD, Michael	Berks
KASTENBERG, MD, David M	Philadelphia
KASTRUP, MD, John J	Erie
KASUMI, MD, Asao	Lehigh
KASUNDRA, MD, Parshottam N	Schuylkill
KATALAN, MD, Maurice M	Philadelphia
KATES, MD, Malcolm	Philadelphia
KATLIC, MD, Mark R	Luzerne
KATOWITZ, MD, James A	Philadelphia
KATSAMPES, MD, Ernest T	Dauphin
KATTELMAN, DO, Marc	Montgomery
KATZ, MD, David L	Allegheny
KATZ, MD, Guy E	Allegheny
KATZ, MD, Irwin L	Allegheny
KATZ, MD, Jacob	Philadelphia
KATZ, MD, Janice D	Philadelphia
KATZ, MD, Jerald M	Westmoreland
KATZ, MD, Joseph	Lancaster
KATZ, MD, Jules	Philadelphia
KATZ, MD, Julian	Philadelphia
KATZ, MD, Kathleen M	Montgomery
KATZ, MD, Leo	Philadelphia
KATZ, MD, Leslie J	Philadelphia
KATZ, MD, M Richard	Philadelphia
KATZ, MD, Max	Philadelphia
KATZ, DO, Richard E	Northampton
KATZ, MD, Richard G	Allegheny
KATZ, MD, Richard H	Philadelphia
KATZ, MD, Richard I	Philadelphia
KATZ, MD, Robert E	Montgomery
KATZ, MD, Sheila M	Philadelphia
KATZ, MD, Shelley A	Philadelphia
KATZ, STEPHEN D	Student
KATZ, DO, Steven Lee	Philadelphia
KATZ, MD, Theodore T	Philadelphia
KATZ, MD, Tobi	Philadelphia
KATZ, MD, Warren A	Philadelphia
KATZ, MD, William	Allegheny
KATZ, MD, William E	Allegheny
KATZIN, MD, Dick	Allegheny
KATZMAN, MD, Jeffrey I	Chester
KAUDERER JR, MD, John G	Monroe
KAUFF, NOAH D	Student
KAUFFMAN, MD, Chester T	Indiana
KAUFFMAN, MD, Gordon L	Dauphin
KAUFFMAN, MD, M Luther	Montgomery
KAUFFMAN, PATRICIA J	Student
KAUFMAN, MD, Abraham S	Philadelphia
KAUFMAN, MD, Alan C	Bucks
KAUFMAN, MD, Barre D	Lehigh
KAUFMAN, MD, Benjamin V	Lackawanna
KAUFMAN, MD, Clark R	Lancaster
KAUFMAN, MD, Daniel	Lehigh
KAUFMAN, MD, Jay H	Lehigh
KAUFMAN, MD, Jodi D	Philadelphia
KAUH, EUNKYUNG A	Student
KAULBACK, MD, Kurt William	Philadelphia
KAUR, MD, Manjeet	Lancaster
KAUSHIK, MD, Ved P	Allegheny
KAVCHOK, MD, Joseph	Lehigh
KAVIC, MD, Michael S	Allegheny
KAVIC, MD, Thomas A	Allegheny
KAVIC, MD, Timothy N	Allegheny
KAVILLE, MD, Robert W	Lackawanna
KAVJIAN, MD, Edward M	Delaware
KAVLE, MD, Carleton J	Montgomery
KAWESKI, MD, Susan	Dauphin
KAY, MD, Gordon	Philadelphia
KAY, MD, Harold R	Philadelphia
KAY, MD, Michael L	Philadelphia
KAYE, MD, Andrew S	Allegheny
KAYE, MD, Donald	Philadelphia
KAYE, MD, Kendra B	Philadelphia
KAZAHAYA, MASAYUKI	Student
KAZEM, MD, Ismail	Philadelphia
KAZMIERSKI, DANIEL J	Student
KEAGY, DO, Gregory S	York
KEAGY, MD, R Marvel	Blair
KEAN, MD, Dennis W	Lehigh
KEAN, MD, Herbert	Philadelphia
KEANE, MD, William M	Philadelphia
KEARNEY, MD, James D	Dauphin
KEARNEY, MD, John M	Berks
KEARNEY, MD, Joseph A	Westmoreland
KEATES, MD, Edwin U	Philadelphia
KEATING, MD, Edward C	Lycoming
KEAVENEY, MD, Thomas W	Bradford
KEBLISH JR, MD, Peter A	Lehigh
KECK, MD, William S	Westmoreland
KEDARNATH, MD, Siva	Allegheny
KEDDIE, MD, Roland T	Allegheny
KEDER, MD, Lisa M	Allegheny
KEECH JR, MD, Hayden G	York
KEEFER, MD, George P	Philadelphia
KEEN, MD, Frederick K	Allegheny
KEENAN JR, MD, William F	Northampton
KEENE, CANDACE A	Student
KEENEY, MD, Galen E	Dauphin
KEEPORTS, MD, Richard L	York
KEFFER, MD, William H	Berks
KEGEL, MD, Daniel P	Lancaster
KEGEL, MD, Eugene E	Lancaster
KEGEL, MD, Mary F	Lancaster
KEHM, MD, Robert F	York
KEHM, MD, Vincent A	York
KEHRLI, MD, Henry J	Lackawanna
KEHRLI, MD, William H	Lackawanna
KEIL, MD, Loretta W	Lehigh
KEIL, MD, Stephen M	Centre
KEIM, MD, Peter J	Armstrong
KEISER, MD, E Lee	Berks
KEISMAN, MD, Robert A	Delaware
KEITER, MD, James M	Lebanon
KEITH, MD, Helen R H	Northampton
KELBICK, MD, Elaine H	Philadelphia
KELETI, DANIEL	Student
KELLEHER, MD, Brian M	Montour
KELLER, DAVID A	Student
KELLER, MD, David M	Allegheny
KELLER, MD, Frank M	Allegheny
KELLER, MD, James W	Lebanon
KELLER, DO, Jon M	Lancaster
KELLER, MD, Lynwood V	Berks
KELLER, MD, Ray E	Montour
KELLER, MD, Steven M	Philadelphia
KELLERMAN, MD, Andrew D	Allegheny
KELLEY, MD, Kristine	Lackawanna
KELLEY JR, MD, Charles F	Lehigh
KELLIS, MD, Dana S	Cambria
KELLMAN, MD, Ian A	Wyoming
KELLY, ANNE M	Student
KELLY, MD, Bruce R	Allegheny
KELLY, MD, Edward A	Delaware
KELLY, MD, Edward G	Allegheny
KELLY, MD, Edward J	Lackawanna
KELLY, MD, Habib R	Philadelphia
KELLY, MD, Herbert T	Philadelphia
KELLY, MD, James J	Lackawanna
KELLY, MD, James J	Delaware
KELLY, MD, Janice A	Philadelphia
KELLY, MD, Jean A	Northampton
KELLY, MD, John A	Bradford
KELLY, KAREN M	Student
KELLY, MD, Kevin J	Dauphin
KELLY, MD, Paul O	Delaware
KELLY, MD, Robert W	Armstrong
KELLY, SUSAN M	Student
KELLY, MD, Thomas J	Allegheny
KELLY, MD, William E	Philadelphia
KELLY, MD, William J	Allegheny
KELLY IV, MD, John D	Philadelphia
KELLY JR, MD, John J	Delaware
KELSEY, MD, David M	Delaware
KELSO, MD, Don R	Montgomery
KELTON, MD, Franklin C	Montgomery
KELVIN, MD, Carl B	Philadelphia
KEMP, MD, Robert M	Lancaster
KEMP, MD, William R	Allegheny
KEMP III, MD, Dewitt E	Cambria
KEMPF JR, MD, Francis C	Philadelphia
KEMRER, MD, J Donald	Lancaster
KENDALL, MD, A Richard	Philadelphia
KENDALL, MD, Benjamin	Philadelphia
KENDALL, MD, Leigh W	Lancaster
KENDIG, MD, Margaret S	Berks
KENEALY, MD, Shahira H	Delaware
KENIG, MD, Isador J	Dauphin
KENKEL, MD, Delia R	Blair
KENKRE, MD, Sricrishna B	Allegheny
KENNA, MD, Joseph P	Lancaster
KENNA, MD, Marita D	Allegheny
KENNARD, MD, John F	Clearfield
KENNEALLY, BARRY E	Student
KENNEDY, MD, F Bryan	Allegheny
KENNEDY, MD, John N	Luzerne
KENNEDY, JOHN W	Student
KENNEDY, MD, Karen D	Dauphin
KENNEDY, MD, Nelson M	Beaver
KENNEDY, MD, Patrick J	Delaware
KENNEDY, MD, Peter S	York
KENNEDY, MD, Richard P	Monroe
KENNEDY, MD, Shirley A	Westmoreland
KENNEDY, MD, Thomas I	Bucks
KENNEDY, MD, Thomas L	Montour
KENNEDY III, MD, Arthur R	Northampton
KENNEN JR, DO, Eugene W	Westmoreland
KENNERDELL, MD, Edward H	Allegheny
KENNERDELL, MD, John S	Allegheny
KENNETZ JR, BERNIE F	Student
KENNEY, MD, Lawrence E	Montgomery
KENNING, MD, James A	Montgomery
KENNY, MD, Kevin J	Allegheny
KENT, MD, David W	Bucks
KENT, MD, George M	Lancaster
KENT, MD, Richard B	Chester
KENT, MD, W David	Franklin
KENVIN, MD, John E	Lehigh
KENWORTHY JR, MD, Harry J	Montgomery
KEOHANE, DENIS J	Student
KEON, MD, Thomas P	Philadelphia
KEPERLING, DO, Mary O	York
KEPLER, MD, Furman T	Delaware
KEPP, MD, Edward A	Venango
KERBACHER, MD, Daniel J	Columbia
KERN, MD, Frank	Montgomery
KERN, MD, Franklin M	Philadelphia
KERNICH, MD, Joseph J	Jefferson
KERR, MD, Kriss M	York
KERR, MD, Paul B	Susquehanna
KERR, MD, Robert M	Luzerne
KERR JR, MD, Clark M	Westmoreland
KERR JR, MD, Harry J	Allegheny
KERRIGAN, MD, James J	Monroe
KERRIGAN, DO, Patrick J	Luzerne
KERRY, MD, Roy E	Mercer
KERSHBAUM, MD, Carol M	Montgomery
KERSHNER, MD, Marilyn S	Berks
KERSON, MD, Lawrence A	Montgomery
KERSTEEN, EXEC DIR, Duane E	Luzerne
KERSTETTER, MD, David L	Bedford
KERSTING, MD, John W	Bradford
KERTH, MD, William J	Erie
KESLER, BRANKO S	Student
KESSEL, MD, Lawrence J	Philadelphia
KESSELRING, MD, Joseph J	Montgomery
KESSELRING JR, MD, William T	Monroe
KESSERU, MD, Julius	Allegheny
KESSLER, MD, Frank J	Northampton
KESSLER, GALEN M	Student
KESSLER, MD, Laibe A	Allegheny
KESSLER, MD, Rex K	Delaware
KESSLER, MD, Woodrow B	Delaware
KESTER, MD, Walter L	Chester
KESZELI, MD, Alexander	Chester
KETELS, MD, Erk A	Bucks
KETTERING, MD, Donald L	Westmoreland
KETTRICK, MD, James P H	Luzerne
KETYER, MD, Edward C	Allegheny
KETZAN, MD, Tibor	Allegheny
KEVENK, MD, Kerim C	Westmoreland
KEVERLINE, MD, Paul O	Warren
KEYES, MD, Baldwin L	Philadelphia
KEYES, MD, Kathleen J	Allegheny
KEYKHAH, MD, Mohammad M	Philadelphia
KEYSER, MD, Glenn C	Dauphin
KEYSER, DO, Jeffrey A	Lancaster
KHALAF, MD, Kamal	Jefferson
KHALIFA, MD, Nagib M	Franklin
KHALIL, MD, Karim	Westmoreland
KHALILI, MD, Behrooz	Allegheny
KHALOUF, DO, Fred K	Blair
KHAN, MD, Abu	Philadelphia
KHAN, MD, Anwarullah	Westmoreland
KHAN, DO, Ralph A	Chester
KHAN, MD, Shaukat H	Carbon
KHAN, MD, Sultan	Schuylkill
KHAN, MD, Yasin N	Philadelphia
KHANNA, MD, Om P	Philadelphia
KHANNA, MD, Sudhir K	Northmbrland
KHELLA, MD, Lewis	Philadelphia
KHELLA, MD, Sami L	Philadelphia
KHERA, MD, Dinesh C	Erie
KHOLOUSSY, MD, Abdelmohsen M	Schuylkill
KHOORY, MD, Maged S	Montgomery
KHOURY, MD, Dennis J	Philadelphia
KHOURY, MD, Jacques A	Delaware
KHOURY, MD, Philip B	Philadelphia
KHUBCHANDANI, MD, Indru T	Lehigh
KHURANA, MD, Ramesh C	Allegheny
KIBELBEK, MD, Michael J	Montour
KIBELSTIS, MD, John A	Lehigh
KICHLER, MD, Joel M	Allegheny
KIEFFER, MD, John E	Philadelphia
KIEFNER JR, MD, Frederick J	Montgomery
KIEL, MD, Steven M	Delaware
KIERNAN, DO, James V	Lancaster
KIESEL, MD, Robert	Lehigh
KIGHTLINGER, DO, James	Fayette
KIHM, MD, Ronald H	Blair
KIKKAWA, MD, Kazutoshi	Bradford
KILCHEVSKY, MD, Eitan S	Berks
KILLIAN, MD, Anthony K	Allegheny
KILLIAN, MD, Dorothea M	Montgomery
KILLIAN, MD, Paul J	Allegheny
KILLIAN III, MD, Caleb L	Berks
KILMORE JR, MD, Vance E	Dauphin
KILPATRICK, MD, Gertrude E	Beaver
KILPATRICK, MD, William F	Washington
KILPATRICK, EXEC SEC, William H	Northampton
KILPELA, MD, Donald A	Allegheny
KIM, MD, Achin	Lancaster
KIM, DO, Cell U	Tioga
KIM, MD, Chung H	Lehigh
KIM, MD, Chung S	Berks
KIM, MD, Dong H	Fayette
KIM, MD, Dong H	Westmoreland
KIM, MD, Doo T	Northampton
KIM, MD, Edward	Philadelphia
KIM, MD, Erich	York
KIM, MD, Eugene Y	Allegheny
KIM, MD, Eul K	Lackawanna
KIM, MD, Hack J	Lancaster
KIM, MD, Hak R	Bucks
KIM, MD, Hi S	Montgomery
KIM, MD, Hwan Y	Cambria
KIM, MD, Hyoung D	Allegheny
KIM, MD, Ih C	Northampton
KIM, MD, Ikjin	Philadelphia
KIM, MD, Il G	Lycoming
KIM, MD, Jae-Chil	Allegheny
KIM, MD, Je H	Lawrence
KIM, MD, Jin I	Lehigh
KIM, MD, Jin R	Montgomery
KIM, MD, John P	Allegheny
KIM, MD, Joseph J	Philadelphia
KIM, MD, Jung S	Philadelphia
KIM, MD, Kun H	Washington
KIM, MD, Kwan E	Philadelphia
KIM, MD, Kyu S	Lehigh
KIM, MD, Myoung S	Fayette
KIM, MD, Paul S	Chester
KIM, MD, Sang M	Jefferson
KIM, MD, Scott S	Allegheny
KIM, MD, Se-Ung S	Philadelphia
KIM, SEA H	Student
KIM, MD, Sun C	Schuylkill
KIM, MD, Sung Y	Allegheny
KIM, MD, Taewoo	Lawrence
KIM, MD, Uh G	Lawrence
KIM, MD, Wan J	Lawrence
KIM, MD, Wha S	Fayette
KIM, MD, Wha Sun	Allegheny
KIM, MD, Yang K	Butler
KIM, MD, Yong Deok	Allegheny
KIM, MD, Yong Il	Westmoreland
KIM, MD, Yoon C	Allegheny
KIM, MD, Youn H	Westmoreland
KIM, MD, Young B	Chester
KIM, MD, Young W	Bucks
KIM, MD, Yung S	Bucks
KIMBALL, MD, C Eve J	Berks
KIMBALL JR, MD, Daniel B	Berks
KIMBEL, MD, Philip	Philadelphia
KIMMEL, MD, Andrew S	Northampton
KIMMEL, DO, Brian B	Philadelphia
KIMMEL, MD, Craig A	Berks
KIMMEL, MD, Henry A	Delaware
KIMMEL, MD, Murray H	Philadelphia
KINDER, MD, Roy R	Delaware
KINDSFATHER, MD, Scott Kenneth	Philadelphia
KING, MD, Andrew J	Cambria
KING, MD, Arthur B	Bradford
KING, MD, Arthur H	Westmoreland
KING, MD, Barbara L	Allegheny
KING, MD, Bernard D	Bucks
KING, MD, Joseph T	Bradford
KING, MD, Leo M	Allegheny
KING, MD, Lois I	Philadelphia
KING, MD, Lorraine C	Philadelphia
KING, MD, Phillip E	Cambria
KING, ROBERT C	Student
KING, MD, S Victor	Blair
KING, MD, Weir L	Berks
KING, DO, William M	Philadelphia
KINGSBURY, MD, Robert C	Montgomery
KINKEAD, MD, Kevin P	Allegheny
KINLAW, MD, W Bernard	Montgomery
KINN, MD, Elizabeth S	Allegheny
KINN, MD, Robert M	Allegheny
KINNEY, MD, Mary S	Westmoreland
KINOSIAN, MD, Mary J	Jefferson
KINSEL, MD, Alvin A	Allegheny
KINSEY, MD, Robert H	Montour
KINTZEL, MD, James E	Lehigh
KINTZER JR, MD, John S	Northampton
KINTZI, MD, Harry E	Lancaster
KIOK, MD, Maximo C	Fayette
KIRALY, MD, Laszlo	Lackawanna
KIRBY, MD, Claude W	Cambria
KIRBY, MD, James E	York
KIRBY, MD, John A	Philadelphia
KIRCHHOFER, MD, Lewis H	Delaware
KIRCHNER, MD, G Gary	Lancaster
KIRCHNER, DO, Jeffrey T	Lancaster
KIRCHNER, JOHN S	Student
KIRK, MD, Daniel L	Northmbrland
KIRK, MD, Marvel S	Lancaster
KIRKER JR, MD, Walter R	Dauphin
KIRKLAND, MD, Matt L	Philadelphia
KIRKPATRICK, MD, Daniel W	Montgomery
KIRKPATRICK, MD, John R	Allegheny
KIRKPATRICK, MD, Robert L	Crawford
KIRKPATRICK, MD, Samuel A	York
KIRKPATRICK, MD, William H	Philadelphia
KIRKPATRICK JR, MD, David D	Crawford
KIRSCH, MD, Paul B	Mckean
KIRSCHBAUM, DO, Michael J	Philadelphia
KIRSHBAUM, MD, Bernard A	Philadelphia
KIRTLAND III, MD, Howard H	Venango
KISH, MD, George F	Erie
KISH, DO, John M	Luzerne
KISH, MD, Robert S	Centre
KISH, MD, Zoltan L	Indiana
KISLOFF, MD, Barry	Allegheny
KISNER, MD, Robert G	Allegheny
KISSELL, MD, Dewitt C	Allegheny
KISSICK, MD, William L	Philadelphia
KIST, KENNETH A	Student
KISTLER, MD, David W	Luzerne
KISTLER, MD, Kermit K	Lehigh
KISTLER, MEG S	Student
KISTLER, MD, Paul M	Montgomery
KISTLER, MD, Philip E	Chester
KISTLER, MD, Priscilla J	Montgomery
KISTLER, MD, Warren D	Franklin
KISTLER, MD, William S	Montgomery
KITCHEN II, MD, James G	Monroe
KITCHEN III, MD, James G	Delaware
KITEI, MD, Milton N	Philadelphia
KITEI, MD, William J	Northampton
KITSKO, DO, Dennis	Washington
KITSKO, MD, William T	Cambria
KITTLEBERGER, MD, William C	Bucks
KITZMILLER, MD, John K	Dauphin
KIVITZ, MD, Alan J	Blair
KLAG, DO, Joseph V	Beaver
KLAIN, MD, Matthew N	Allegheny
KLAIN, MD, Miroslav	Allegheny
KLAPPER, JOSEPH L	Student
KLASKIN, DO, Bruce D	York
KLASKO, MD, Stephen K	Lehigh
KLATCHKO, MD, William W	Lebanon
KLATMAN, MD, Samuel J	Allegheny
KLATT, TIMOTHY E	Student
KLAUS, MD, Thomas C	Erie

KLAUSNER, MD, Robert D	Philadelphia
KLAVAN, MD, Marshall	Delaware
KLAWON, MD, David L	Erie
KLAY, MD, John W	Allegheny
KLECKNER, MD, Francis S	Lehigh
KLEEMAN, MD, Audrey K	Philadelphia
KLEES, DO, David A	Erie
KLEIDERMACHER, PAUL	Student
KLEIMAN, DO, Louis M	Berks
KLEIN, MD, Alan H	Allegheny
KLEIN, MD, Dorothy E	Philadelphia
KLEIN, MD, Fred S	Washington
KLEIN, MD, Joseph F	Chester
KLEIN, MD, Joseph M	Luzerne
KLEIN, MD, Lawrence	Monroe
KLEIN, MD, Michael A	York
KLEIN, MD, Michael E	Dauphin
KLEIN, DO, Milton J	Allegheny
KLEIN, MD, Raymond A	Delaware
KLEIN, MD, Richard M	Allegheny
KLEIN, MD, Sheldon	Philadelphia
KLEIN, MD, Steven J	Dauphin
KLEIN, MD, Theodore C	Jefferson
KLEIN, MD, Thomas E	Delaware
KLEIN JR, MD, William J	Berks
KLEINBART, MD, Morris	Philadelphia
KLEINER, MD, Anton J	Berks
KLEINER, MD, Henry T	Philadelphia
KLEINER, MD, Laurence I	Philadelphia
KLEINER, MD, Robert C	Philadelphia
KLEINERT, MD, Richard W	Clearfield
KLEINSCHMIDT, MD, Robert F	Allegheny
KLEM, MD, Albert J	Luzerne
KLEMENS, MD, Lee J	Cambria
KLEMENS, MD, Robert F	Cambria
KLEPPEL, MD, Judy	Philadelphia
KLEPPINGER, MD, Richard K	Berks
KLETTER, MD, Ian A	Lackawanna
KLETTER, MD, Jan C	Susquehanna
KLETZKER, MD, G Robert	Allegheny
KLIEFOTH, DO, William L	Bucks
KLIEGER, MD, Herman L	Westmoreland
KLIGERMAN, MD, Morton M	Philadelphia
KLIGMAN, MD, Albert M	Philadelphia
KLIMAS, MD, Victor A	Erie
KLIMES, MD, Ronald L	York
KLINE, MD, Edgar W	Montgomery
KLINE, MD, Irwin K	Delaware
KLINE, MD, Jack A	York
KLINE, MICHAEL A	Student
KLINE, MD, Michael R	Philadelphia
KLINE, MD, Robert M	Lebanon
KLINE, MD, Robert W	Allegheny
KLINE, MD, Tilde S	Delaware
KLINE JR, JOHN A	Student
KLINEFELTER, MD, Hylda C	Delaware
KLINESTIVER JR, MD, Donald G	Allegheny
KLINGENSMITH, MD, Mark R	Montour
KLINGENSMITH, MD, Walter C	Philadelphia
KLINGER, MD, Frank A	Venango
KLINGER, MD, Harry M	Montour
KLINGHOFFER, MD, June F	Philadelphia
KLINGHOFFER, MD, Leonard	Philadelphia
KLINMAN, MD, Steven W	Philadelphia
KLINMAN, MD, William	Philadelphia
KLINOW, MD, Linda F	Delaware
KLINZING, MD, Gerard F	Delaware
KLIONS, MD, Douglas E	Philadelphia
KLIONSKY, MD, Bernard L	Allegheny
KLOIN, MD, Jay E	Lehigh
KLOSE, MD, Paul L	Somerset
KLUFAS, MD, Alexander J	Chester
KLUFT, MD, Richard P	Berks
KLUG, MD, Gerald D	Allegheny
KLUTZ, MD, Joseph P	Allegheny
KMETZO, MD, James J	Bucks
KNAPP, MD, Michael A	Bucks
KNAPP, MD, Robert C	Beaver
KNAPPENBERGER, MD, George F	Allegheny
KNAPPER, MD, Elizabeth J	Lehigh
KNAUB, MD, Marilyn B	Lancaster
KNAUBER, SUSAN A	Student
KNECHT, MD, Charles L	Lehigh
KNEE, DO, Norman S	Philadelphia
KNEIFATI, MD, Ahmed	Northmbrland
KNELLER PHD, EXEC DIR, W Richard	Lackawanna
KNEPLEY, MD, David W	Columbia
KNEPP, MD, Elizabeth E	Allegheny
KNEPPER, MD, Joseph A	Lancaster
KNERR JR, MD, Edgar D	Lancaster
KNIAZER, MD, Barry	Berks
KNIGHT JR, MD, Emerson L	Dauphin
KNOCH, MD, H Roebling	York
KNOLL, MD, George M	Northampton
KNOTT, MD, Albert P	Allegheny
KNOUSE, MD, Albert B	Bucks
KNOUSE, MD, Mark C	Lehigh
KNOWLES, MD, Harry J	Philadelphia
KNOWLES, SHELLEY R	Student
KNOWLES, MD, Willard E	Delaware
KNOWLTON JR, MD, Stephen B	Montgomery
KNOX JR, MD, James D	Chester
KNOX-LEE, DO, Margaret M	Lancaster
KNUPP, MD, Donna L	Allegheny
KNUPP, MD, Melvin L	Dauphin
KO, ALBERT E	Student
KO, MD, Chan S	Schuylkill
KO, MD, Eugene C H	Lancaster
KO, MD, Jehoon	Beaver
KO, MD, Min-Hsiung	Philadelphia
KO, MD, Yih-Shyong	Carbon
KO, MD, Yih-Song	Mercer
KOBALY, MD, David J	Allegheny
KOBAN, JAMES M	Student
KOBLENZER, MD, Frances E S	Philadelphia
KOCAN, MD, Richard S	Erie
KOCH, MD, Andrew W	Lancaster
KOCH, MD, Joseph C	Allegheny
KOCH, MD, L Von	Lackawanna
KOCH, MD, Pamela J	Lancaster
KOCH, MD, Thomas J	Lehigh
KOCHEL, MD, Randy L	Lancaster
KOCHU, MD, Steve	Berks
KODALI, MD, Raja V	Allegheny
KODSI, MD, Magdi S	Philadelphia
KOEHL JR, MD, C Warren	Luzerne
KOELLER, MD, Royal R	Cambria
KOELSCH, MD, Robert R	Bucks
KOENIG, MD, Johann A	Luzerne
KOENIG, MD, Mark A	Allegheny
KOENIG, MD, Theodore R	Clarion
KOEPSELL, MD, Don G	Chester
KOERBER JR, MD, Walter A	Dauphin
KOFF, MD, Richard A	Bucks
KOFINAS, MD, Alexander D	York
KOFOS, DANNY M	Student
KOFSKY, MD, Phillip M	Philadelphia
KOHAN, DO, David A	Lehigh
KOHL, MD, David H	Armstrong
KOHL, MD, E James	Philadelphia
KOHL, MD, Stephen D	Berks
KOHLER, MD, Henry J	Philadelphia
KOHLER, EXEC SEC, Michael P	Cambria
KOHLHAS, MD, Jacob J	Montgomery
KOHN, DO, Bernadette G	Somerset
KOHN, MD, Mark I	Philadelphia
KOHRT, MD, Alan E	Wayne/Pike
KOHUTIAK, MD, Vsevolod	Delaware
KOIMATTUR, MD, Arwind	Allegheny
KOIS, MD, Jean M	Dauphin
KOIWAI, MD, Eichi K	Philadelphia
KOKALES, MD, John G	Allegheny
KOKOTOS, FOTINI J	Student
KOLANSKY, MD, Harold	Philadelphia
KOLB, MD, Aaron J	Lycoming
KOLB, MD, Charles E	Lycoming
KOLBER, MD, Lauren R	Bucks
KOLECKI, MD, Robert V	Philadelphia
KOLFF, MD, Jacob	Philadelphia
KOLLER, MD, Harold P	Montgomery
KOLMEN, MD, Barbara K	Allegheny
KOLTER, MD, James S	Chester
KOLTER JR, MD, Joseph P	Allegheny
KOLTES, MD, John A	Philadelphia
KOLTON, MD, Vladimir J	Berks
KOMAR, MD, Michael J	Montour
KOMEN, MD, Supote S	Washington
KOMER, LOUIS M	Student
KONCHANIN, MD, Lynn M	Bucks
KONCHANIN, MD, Ronald P	Bradford
KONCHAR, MD, William C	Montour
KONDASH, DO, Dennis J	Lackawanna
KONDASH, DO, Michael L	Lackawanna
KONDAVEETI, MD, Kotayya	Allegheny
KONDRATOWSKI, MD, Richard Z	Philadelphia
KONDROT, MD, Edward C	Allegheny
KONECKE, MD, Lee L	Montgomery
KONECKE, MD, M Louis	Luzerne
KONGSTVEDT, MD, Peter R	Allegheny
KONHAUS, MD, Carol H	Dauphin
KONRAD, MD, Mark G	Beaver
KONTRA, MD, Joseph M	Lancaster
KONVOLINKA, MD, Carl W	Bradford
KOO, MD, Kim Eng	Philadelphia
KOO, MD, Peter J	Bucks
KOO, MD, Wook H	Luzerne
KOOLPE, MD, Harvey A	Philadelphia
KOOLPE, MD, Louis	Philadelphia
KOOPMAN, PETER J	Student
KOOROS, MD, Kian S	Allegheny
KOOSER, MD, Robert R	Allegheny
KOPEN, MD, Dan F	Luzerne
KOPENHAVER, MD, Donald B	Lehigh
KOPERA, MD, Kevin W	Allegheny
KOPPEL, MD, Max M	Philadelphia
KOPROWSKI, MD, Hilary	Philadelphia
KOPYT, DO, Nelson P	Lehigh
KORBONITS, MD, Charles W	Chester
KORDEK, MD, Michael E	Cambria
KOREN, MD, Phillip A	Philadelphia
KORENTZWITT, MD, Edith	Philadelphia
KOREY, MD, Joseph J	Philadelphia
KOREY JR, MD, Joseph J	Berks
KORHAMMER, MD, Alan F	Northampton
KORINCHAK, MD, Jerome L	Mifflin/Juni
KORMIS, KAREN K	Student
KORMOS, MD, Robert L	Allegheny
KORN, MD, Robert L	Philadelphia
KORN, MD, Scott H	Bucks
KORNELUK-REILLY, MD, Theresa	Philadelphia
KORONKIEWICZ, DO, David C	Delaware
KORT, MD, Joseph F	Northmbrland
KOSCO, MD, George M	Jefferson
KOSENKO, MD, Alexander	Erie
KOSHAR, MD, Mark I	Northampton
KOSIEROWSKI, MD, Richard R	Bucks
KOSSOL, MD, Janet M	Allegheny
KOST, MD, Kenneth R	Armstrong
KOST, MD, Paul F	Allegheny
KOST, MD, Virginia L	Philadelphia
KOSTER, MD, Lee H	Westmoreland
KOSTYAL, MD, John L	Allegheny
KOTAKIS, MD, John	Philadelphia
KOTALA, MD, Stanley H	Blair
KOTCH, MD, Michael J	Luzerne
KOTLER, MD, Barry M	Philadelphia
KOTLOFF, MD, Leon	Philadelphia
KOTTAPALLY, MD, Srinivas M	Allegheny
KOTTNER JR, MD, William W	Washington
KOTWAL, MD, Nirmal D	Allegheny
KOTYO, MD, John A	Delaware
KOUGH, MD, Robert H	Montour
KOUKAL, MD, Ludwig R	Lawrence
KOUL, MD, Hira	Cambria
KOUNTZ, MD, David S	Philadelphia
KOUSEN, MD, Morton	York
KOUSOUBRIS, PHILIP D	Student
KOUTCHER, MD, Martin E	Philadelphia
KOVAL, MD, John S	Butler
KOVAL, MD, Joseph C	Lackawanna
KOVALOVICH, KELLEN K	Student
KOVALSKI, MD, Raymond	Chester
KOVALSKY, MD, Don A	Philadelphia
KOVALSKY, MD, Kenneth	Berks
KOVAR, MD, Charles E	Northampton
KOVEN, MD, Norman L	Philadelphia
KOWALCHUK, ROMAN M	Student
KOWALLIS, MD, George F	Allegheny
KOWALSKI, MICHELE M	Student
KOWTONIUK, DO, Carol E	Cambria
KOZART, MD, David M	Philadelphia
KOZERA, MD, Richard J	Philadelphia
KOZIN, MD, William	Delaware
KOZINN, MD, Wesley P	Northampton
KOZLOWSKI, DO, Maryann	Erie
KOZMINSKY, MD, Mark E	Centre
KOZUB, MD, Robert E	Philadelphia
KRABLIN, MD, Ronald	Adams
KRACHMAN, DO, Brian S	Montgomery
KRAEMER, MD, David W	Allegheny
KRAFCHIN, MD, Ira C	Lackawanna
KRAFCZYK, MICHAEL A	Student
KRAFT JR, MD, Albert J	Montgomery
KRAFTOWITZ, MD, Robert E	Allegheny
KRAH, EXEC DIR, John G	Allegheny
KRAIN, MD, Raymond	Delaware
KRAINSKY, MD, Samuel M	Philadelphia
KRAK, MD, Michael	Allegheny
KRAKOVITZ, MD, Jay A	Philadelphia
KRALJEVIC, MD, Juan E	Berks
KRALL, MD, J Thomas	Delaware
KRAM, MD, John E	Allegheny
KRAMER, DAVID H	Student
KRAMER, MD, David J	Philadelphia
KRAMER, MD, Frederick L	Philadelphia
KRAMER, GARY S	Student
KRAMER, MD, Kenneth	Northampton
KRAMER, MD, Lawrence G	Montour
KRAMER, MD, Mark S	Philadelphia
KRAMER, MD, Randall K	Berks
KRAMER, MD, Selma	Philadelphia
KRAMER, MD, Simon	Philadelphia
KRAMER, THOMAS D	Student
KRAMER, MD, William A	Franklin
KRANE, MD, Marvin A	Philadelphia
KRANIK, MD, Andrew D	Allegheny
KRANTZ, MD, Kathryn E	Philadelphia
KRANTZ, MD, Walter J	Montgomery
KRANTZLER, MD, Joseph D	Montgomery
KRANZ, MD, Arthur J	Montgomery
KRARAS, MD, Christine M	Philadelphia
KRASNOFF, MD, Sidney O	Philadelphia
KRATZ, MD, Vernon H	Bucks
KRATZER, MD, Guy L	Lehigh
KRAULAND, MD, John E	Cambria
KRAUS, MD, David R	Allegheny
KRAUS, MD, John F	Fayette
KRAUS, MD, John J	Chester
KRAUS, MD, Richard E	York
KRAUS, MD, Theodore J	Philadelphia
KRAUSE, MD, Helen F	Allegheny
KRAUSE, DO, Justin G	Allegheny
KRAUSE, MD, Marilyn	Philadelphia
KRAUSE, MD, Norman M	Allegheny
KRAUSE, MD, Robert E	Lackawanna
KRAUSE, MD, Robert L	Philadelphia
KRAUSE, MD, Seymoure	Allegheny
KRAUSZ, MD, Martin R	Philadelphia
KRAVIS, MD, Lillian P	Montgomery
KRAVITZ, MD, Bernard J	Montgomery
KRAVITZ, MD, Charles H	Philadelphia
KRAWET, MD, Steven H	Philadelphia
KRAWITZ, MD, Paul L	Berks
KRAYBILL, MD, Harold E	Lebanon
KRAYER JR, MD, Nicholas H	Beaver
KRAYNACK, MD, Barry J	Berks
KRAYNICK, MD, Benjamin M	Lehigh
KREBS, MD, James A	Allegheny
KREBS, MD, Stephen J	Cumberland
KREEL, MD, Barbara J	Luzerne
KREGER, MD, Spencer	Cambria
KREHL, MD, Willard A	Philadelphia
KREIDER, MD, Edward E	Lebanon
KREIDER, MD, Henry L	Lancaster
KREIDER, MD, John K	Lancaster
KREIDER, MD, John W	Dauphin
KREIDER, MD, Kathleen A	Lancaster
KREINBROOK, MD, Suzanne B	Allegheny
KREITHEN, MD, Harold	Lehigh
KRELL, MD, Arthur S	Cambria
KREMENS, MD, Victor	Philadelphia
KREMER, MD, Frederic B	Philadelphia
KREMER, MD, Howard U	Philadelphia
KREMER JR, MD, Edwin S	Erie
KREMSER, MD, Charles A	Allegheny
KRENZEL, MD, Archibald R	Philadelphia
KRESH, MD, Norman N	Allegheny
KRESOCK JR, MD, Frank D	Columbia
KRESPAN, MD, Charles B	Lancaster
KRESS, DOUGLAS W	Student
KRESSLER, MD, Robert J	Philadelphia
KRESSLY, MD, Susan J	Bucks
KRETZ, MD, Stewart F	Allegheny
KRETZING, MD, Harold G	Cumberland
KREULEN, MD, Thomas H	Philadelphia
KREUTZER, MD, Eric R	Delaware
KREUZBURG, MD, Robert C	Columbia
KREVOLIN, DO, Larry E	Philadelphia
KRICUN, MD, Robert	Lehigh
KRIDGEN, PAMELA L	Student
KRIEBEL, MD, Dorothy E	Berks
KRIEBEL, MD, Richard H	Bucks
KRIEDMAN, MD, Terry F	Philadelphia
KRIEGER, MD, Benson	Philadelphia
KRIEGER, MD, Harry L	Northampton
KRIFCHER, MD, Charles	Allegheny
KRIFCHER, MD, Emanuel	Allegheny
KRIGEL, MD, Robert L	Philadelphia
KRIMM, DO, John R	Philadelphia
KRING, MD, Carroll S	Berks
KRINSKY, MD, Sam I	Cambria
KRIPALANI, MD, Asha G	Allegheny
KRISANDA, MD, Joseph B	Lackawanna
KRISANDA, MD, Thomas J	York
KRISCH, MD, Ronald A	Lehigh
KRISHNA, MD, Bhupendra	Chester
KRISHNA, MD, Narendra	Chester
KRISHNAN, MD, Geeta	Columbia
KRISHNAN, MD, Kalyan S	Montour
KRISHNAN, MD, R G	Washington
KRISHNAPPA, MD, Boriah N	Westmoreland
KRISHNASWAMI, MD, Subramania	Allegheny
KRISHNASWAMI, MD, V	Allegheny
KRISSINGER, MD, Robert C	Lancaster
KRISTO, MD, Catherine V	Delaware
KRISTOFIC, MD, John D	Allegheny
KRISTVINSSON, MD, Hoskuldur	Monroe
KRIVENKO, MD, Charles A	Luzerne
KRIVINKO, MD, Dennis M	Allegheny
KROB, MD, Mary Jeanne	Allegheny
KROEGER, MD, Hilda H	Allegheny
KROL, MD, Ronald C	Berks
KROLL, BARRY S	Student
KROLL, DOUGLAS J	Student
KROMASH, MD, Marvin H	Montgomery
KRON, MD, Ira B	Blair
KRON, MD, Kenneth M	Philadelphia
KRON, MD, Samuel D	Philadelphia
KRONENWETTER, MD, Lois A	Lancaster
KROOP, MD, Howard S	Philadelphia
KROPINICKI, MD, William C	Bucks
KROSER, MD, Lila S	Philadelphia
KROSNOFF, MD, Michael	Washington
KROSS, MD, Dean E	Allegheny
KROTEC, MD, Joseph W	Allegheny
KROTEC, MD, Joseph W	Philadelphia
KROUSE, MD, John M	Westmoreland
KROUSE, MD, Theodore B	Philadelphia
KROUSKOP, MD, Andrew C	Allegheny
KRUG, MD, Edgar S	Centre
KRUGH, MD, Francis J	Allegheny
KRUGH, MD, James W	Allegheny
KRUPER, MD, John S	York
KRUSEN, MD, David E	Lancaster
KRUSZEWSKI, DO, David M	Erie
KRUSZEWSKI, DO, Mary C	Philadelphia
KRUSZEWSKI, MD, Stefan P	Cambria
KRYSTON JR, DO, John J	Luzerne
KRYWICKI, MD, William J	Luzerne
KRZEMINSKI, MD, Joseph P	Philadelphia
KRZYWICKI, MD, Paul L	Philadelphia
KUBER, MD, Matthew E	Philadelphia
KUBER, MD, Matthew T	Wayne/Pike
KUBIK, MD, Carolyn J	Allegheny
KUBRIN, MD, Gail M	Allegheny
KUCER, MD, Frank T	Bucks
KUCER, MD, Kathleen A	Bucks
KUCHARCZUK, MD, John B	Lehigh
KUCHARCZUK, JOHN C	Student
KUCHEMBA, MD, Leonard A	Luzerne
KUCHINSKI JR, DO, Joseph J	Philadelphia
KUEHNER, DO, P Denis	Lehigh
KUEHNER III, WILLIAM P	Student
KUHN, MD, Mark D	Bucks
KUHN, MD, Richard H	Erie
KUHNEN, MD, Walter H	Warren
KUHNS, MD, Stacey J	York
KUKLINSKI, MD, Lawrence M	Erie
KUKORA, MD, John S	Montgomery
KUKRIKA, MD, Miodrag D	York
KULBASKI, MD, Frank E	Luzerne
KULCZYCKI, MD, Edward	Bradford

KULKARNI, MD, Pradeep K	Cambria
KULLING, MD, David L	Clearfield
KULP, MD, Jeffrey T	Philadelphia
KUMAR, MD, Ashok	Washington
KUMAR, MD, Harinath V	Venango
KUMAR, MD, Pradeep	Washington
KUMAR, MD, Prem	Butler
KUMAR, MD, Rakesh	Allegheny
KUMAR, MD, Veerandra	Philadelphia
KUN, MD, Joseph	Allegheny
KUNDA, MD, Gopal D	Westmoreland
KUNDU, MD, Sambhu N	Dauphin
KUNIS, MD, Chris C W	Franklin
KUNKEL, MD, Barbara K	Dauphin
KUNKEL, MD, Frank A	Blair
KUNKEL, MD, George W	Dauphin
KUNKEL, MD, Herbert G	Allegheny
KUNKEL, MD, James V	Allegheny
KUNKEL, MD, Mary E	Fayette
KUNKEL, MD, N Christine	Philadelphia
KUNKEL, MD, W Minster	Dauphin
KUNKEL, MD, William H	Allegheny
KUNKEL JR, MD, Herbert G	Allegheny
KUNSCHNER, MD, Alan J	Allegheny
KUNSCHNER, MD, Albert J	Allegheny
KUNSMAN, MD, William E	Allegheny
KUNTZ JR, DAVID G	Student
KUNZ, MD, Harold G	Lehigh
KUNZ, ROBERT A	Student
KUO, BRADEN	Student
KUO, MD, Simone L	Beaver
KUPERMAN, MD, Julio L	Philadelphia
KUPERSMITH, MD, Stephen J	Bucks
KUPFER, MD, Gary M	Philadelphia
KUPFER, MD, Samuel	Allegheny
KUPFERBERG, STEPHEN B	Student
KUPP, MD, John H	Carbon
KUPREVICH, DO, William J	Columbia
KURELLO, MD, Philip J	Luzerne
KUREMSKY, MD, Dale A	Allegheny
KUREY, PAMELA H	Student
KUREY, MD, Robert J	Lancaster
KURIAN, MD, Santhamma	Blair
KURJANOWICZ, MD, Wadim	Berks
KURTH, MD, Charles D	Philadelphia
KURTZ, ADELLE G	Student
KURTZ, MD, Alfred B	Philadelphia
KURTZ, MD, J Stephen	Philadelphia
KURTZ, MD, James W	Delaware
KURTZ, MD, John E	Allegheny
KURTZ, MD, Michael B	Delaware
KURTZ, MD, Robert M	Delaware
KURTZ, MD, Rosa T	Delaware
KURZ, MD, Richard B	York
KURZ, MD, Susan D	York
KURZROK, DO, Scott E	Delaware
KURZWEIL, MD, Steven J	Luzerne
KUSH, DO, Aloysius W	Bradford
KUSH, MD, Frank H	Allegheny
KUSH, MD, Margaret B	Allegheny
KUSH, MD, Michael J	Jefferson
KUSHEL, MD, Steven M	Philadelphia
KUSHNER, MD, Bertrand	Dauphin
KUSHNER, MD, Donald A	Allegheny
KUSHNER, MD, Lois N	York
KUSHNER JR, MD, George	York
KUSHON, MD, Donald J	Philadelphia
KUSIAK, MD, Joseph F	Philadelphia
KUSKIN, MD, Louis F	Dauphin
KUSSMAUL, MD, William G	Berks
KUTCH, MD, James D	Wayne/Pike
KUTNER, MD, Barry N	Bucks
KUTNEY, MD, Francis G	Delaware
KUTSCHER, MD, Harlan A	Berks
KUTSENKOW, MD, Michael	Allegheny
KUTTY, MD, Ahmed C	Philadelphia
KUTZ, MD, Charles M	Clarion
KUTZ, MD, Eugene R	Bedford
KUTZ, MD, Timothy J	Berks
KUWIK, MD, Richard J	Allegheny
KUZMA, CHARLES S	Student
KUZMA JR, MD, Paul M	Beaver
KWA, MD, Andre M	Dauphin
KWA, MD, Daniel M	Philadelphia
KWAPIEN, MD, Frederic J	Delaware
KWON, DAVID S	Student
KWON, MD, Jong D	Blair
KYLE, MD, G Clayton	Philadelphia
KYLE, MD, Maryellen S	Montgomery
KYNE, MD, Peter J	Allegheny
KYRCZ, MD, Robert W	Philadelphia
KYREAGES, MD, Constantine G	Allegheny
KYRIACOPOULOS, MD, John D	Allegheny

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LABADIE, ROBERT F	Student
LABBATE, MD, Victor A	Luzerne
LABE, MD, Alexander	Philadelphia
LABELLE, MD, Patrice	Montgomery
LABKOFF, MD, Steven E	Philadelphia
LABORDA, MD, Oscar E	Delaware
LABOSH, MD, Timothy J	Berks
LABOVE, MD, Neil D	Montgomery
LABOWSKIE, MD, Eugene M	Montgomery
LABUDA II, MD, Joseph M	Fayette
LABUSKI, MARK R	Student
LACAVARO, MD, Jules A	Delaware
LACE, MD, Thomas E	Westmoreland
LACHMAN, MD, John W	Philadelphia
LACHMAN, MD, Joseph	Delaware
LACKS, MD, Gayle	Philadelphia
LACOUTURE, MD, Luis	Allegheny
LADANI, MD, Chhaganlal D	Allegheny
LADDEN, MD, Paul A	Philadelphia
LADENHEIM, MD, Miles C	Philadelphia
LADENHEIM, MD, Steven E	Philadelphia
LADO, MD, Michael	Schuylkill
LAFER, MD, Edmund L	Philadelphia
LAFFERTY, THOMAS E	Student
LAFOLLETTE, MD, Bruce F	Montour
LAFONTAINE, MD, Mildred H	Philadelphia
LAFONTANT, MD, Gilbert	Philadelphia
LAFONTANT, MD, Raymond F	Philadelphia
LAFONTANT, MD, Robert R	Westmoreland
LAGNESE, MD, Margaret J	Allegheny
LAHAV, MD, Erika	Northampton
LAHET, MD, Stephanie L	Allegheny
LAIBSON, MD, Peter R	Philadelphia
LAIGON, MD, Eugene E	Carbon
LAING, MD, John W	Franklin
LAING, MD, Patrick G	Allegheny
LAKDAWALA, MD, Shabbir	Allegheny
LAKOVICS, MD, Magnus	Centre
LAKSHMIN, MD, Murali	Berks
LALLI, MD, Joanne M	Lycoming
LALLY, MD, Francis L	Allegheny
LALLY, MD, Margaret R	Allegheny
LALLY, MD, Michael E	Allegheny
LALLY, MD, Patrick T	Westmoreland
LALUNA, MD, Francis J	Lackawanna
LAM, MD, Carl A	Lehigh
LAM, MD, Louis M	Chester
LAMADE, MD, Charles D	Lycoming
LAMAN, MD, David	Allegheny
LAMANNA, MD, John V	Berks
LAMANNA, MD, Margaret M	Philadelphia
LAMARQUE, MD, Edward E	Dauphin
LAMAS, MD, Carlos C	Allegheny
LAMB, MD, Elizabeth S	Allegheny
LAMB, MD, Kathleen G	Allegheny
LAMBE, HELEN A	Student
LAMBERT, MD, Barbara A	Philadelphia
LAMBERT, MD, Kenneth P	Berks
LAMBERT, MD, Robert L	Philadelphia
LAMBERTI, MD, William F	Lackawanna
LAMBERTON, MD, William D	Erie
LAMBERTON, MD, William F	Erie
LAMBICHI, MD, Marika E	Delaware
LAME, MD, Edwin L	Philadelphia
LAMMENDOLA-MELONE, DO, Annamarie C	Delaware
LAMON, MD, Charles P	York
LAMONTE, MD, Thomas E	Fayette
LAMOTHE-JOST, MD, Daniel J	Philadelphia
LAMP, MD, Albert L	Erie
LAMP JR, MD, Clyde B	Allegheny
LAMPE, JOHN H	Student
LAMPE II, MD, William T	York
LAMSBACK, MD, Edward G	Philadelphia
LAN, MD, Victor S	Indiana
LANAUZE, MD, Harry E	Allegheny
LANCASTER, MD, Stewart L	Beaver
LANCASTER JR, MD, Edward L	Lancaster
LANCELLOTTI, MD, Giuseppe	Lancaster
LANDAU, MD, Leo W	Luzerne
LANDAU, MD, Philip M	Allegheny
LANDAU, MD, Richard E	Philadelphia
LANDAY, MD, Louis H	Allegheny
LANDAY, MD, Ronald A	Allegheny
LANDENWITSCH, MD, Frederick J	Washington
LANDER, MD, Jeffrey R	York
LANDER, MD, William W	Montgomery
LANDERMAN, MD, Nathaniel S	Allegheny
LANDES, MD, Ray P	Bucks
LANDFAIR, MD, Roy J	Allegheny
LANDIS, MD, Darryl L	Lancaster
LANDIS, MD, Floyd M	Lancaster
LANDIS, MD, Ray L	Wyoming
LANDIS, MD, Richard M	Lancaster
LANDIS, MD, Robert C	York
LANDIS, MD, William A	York
LANDO, STEVE	Student
LANDON, BRUCE E	Student
LANDON JR, MD, Lyndon H	Allegheny
LANE, MD, Barbara	Bucks
LANE, MD, C Darrell	Berks
LANE, MD, John D	Bucks
LANE, MD, John F	Washington
LANE, MD, John I	Philadelphia
LANE, MD, Sally D	Philadelphia
LANG, DAVID F	Student
LANG, MD, Gregory M	Lehigh
LANG, MD, Howard N	Allegheny
LANG, DO, John B	Northampton
LANG, KRISTA M	Student
LANG, MD, Nikki	Philadelphia
LANG, MD, Stanley	Jefferson
LANGA, MD, Victoria M	Allegheny
LANGAN, MD, Marienoelle S	Philadelphia
LANGAN III, MD, E Lawrence	Delaware
LANGDON, MD, David R	Montour
LANGE, ELIZABETH B	Student
LANGE, MD, John A	Erie
LANGE, MD, Julie M	Philadelphia
LANGE JR, MD, Paul C	Allegheny
LANGELAND, MD, Per	Allegheny
LANGER, MD, D Morton	York
LANGER, MD, Terry	Philadelphia
LANGIERI, MD, Gary	Philadelphia
LANGOL JR, MD, George	Allegheny
LANGON, MD, James	Schuylkill
LANGRALL, MD, Harrison M	Chester
LANIGAN, MD, Christine J	Philadelphia
LANKFORD, MD, Edward B	Dauphin
LANOCE, MD, Louis F	Philadelphia
LANPHER, MD, Gregory B	York
LANSING, MD, Dorothy I	Chester
LANTZY, MD, Alan	Allegheny
LANZ, MD, Richard K	Allegheny
LANZ JR, MD, Robert J	Allegheny
LANZI, RICHARD A	Student
LANZILLO, MD, Joseph H	Lancaster
LAPAT, MD, Richard C	Philadelphia
LAPAYOWKER, MD, Marc S	Philadelphia
LAPE JR, MD, I Samuel	Lebanon
LAPES, MD, George A	York
LAPINSKI, MD, Brenda J	Philadelphia
LAPOS, MD, Linda L	Lehigh
LAPP, MD, Frederick C	Lycoming
LARA, MD, Henry R	Erie
LARACH, MD, David R	Dauphin
LARACH, MD, Marilyn G	Dauphin
LAREAU, MD, Daniel G	Warren
LARGE, MD, Fred D	Washington
LARGE, MD, Hiram S	Northampton
LARGOZA, MD, Maria V	Allegheny
LARGOZA, MD, Naciancenc T	Philadelphia
LARICCIA, MD, Patrick J	Philadelphia
LARKIN, MD, Francis L	Fayette
LARKIN, MD, Joyce M	Philadelphia
LARKIN, MD, Stephen G	Elk/Cameron
LARKIN, MD, Walter J	Lackawanna
LARKIN, MD, William A	Fayette
LARKIN JR, MD, Michael J	Lawrence
LARKIN JR, MD, Vincent D	Lackawanna
LARKIN JR, MD, Walter J	Lackawanna
LAROCHELLE, MD, Anne G	Crawford
LAROCHELLE JR, MD, Gerald E	Crawford
LAROSSA, MD, Donato D	Philadelphia
LARSEN, MD, James P	Philadelphia
LARSON, MD, Cecilia A	Philadelphia
LARSON, MD, Christopher E	Allegheny
LARSON, MD, Eleanor	Tioga
LARSON, ROBERT A	Student
LARSON, MD, Thomas J	Allegheny
LARSON JR, MD, Theodore S	Lycoming
LASALVIA, MD, Lucy A	Philadelphia
LASEK, MD, Robert W	Montour
LASHER, MD, J Donald	Erie
LASHER, MD, Robert L	Erie
LASHINSKY, MD, Dennis R	Centre
LASK, MD, Gary P	Philadelphia
LASKA, MD, Edward M	Delaware
LASKAS, MD, John J	Delaware
LASKAS JR, MD, John J	Delaware
LASKIN, MD, Isadore	Philadelphia
LASKY, MD, Henry P	Mercer
LASOTA, MD, George L	Chester
LATMAN, MD, Stephen F	Berks
LATOFF, MD, Thomas J	Chester
LATSHAW, MD, Robert F	Lancaster
LATTARI, MD, Arcangela M	Allegheny
LATTARI, VINCENT A	Student
LATTIMER, MD, Gary L	Lycoming
LATTIN, MD, Gary M	Berks
LATUSKA, MD, Richard F	Allegheny
LATZKO, MD, Paul J	Luzerne
LAUANDOS, MD, Ibrahim E	Bucks
LAUB, MD, Curtis H	Crawford
LAUBACH, MD, George B	Northampton
LAUBACH JR, MD, Charles A	Montour
LAUCIUS, MD, J Frederick	Philadelphia
LAUCKS, MD, Stephen O	York
LAUCKS II, MD, Samuel S	York
LAUCKS JR, MD, Stanley P	York
LAUDENSLAGER, MD, Elmer C	Bucks
LAUFE, MD, Marc D	Allegheny
LAUFE, MD, Martin B	Philadelphia
LAUFER, MD, Elizabeth U	Philadelphia
LAUKAITIS, MD, Ronald B	Lancaster
LAURENCIN, MD, Helen M	Philadelphia
LAURY, MD, William L	Philadelphia
LAUTER, MD, O Scott	Lancaster
LAUTERBACH, MD, Edwin W	Montgomery
LAUTZ, MD, Virginia H	Philadelphia
LAVAN, MD, Donald W	Philadelphia
LAVANIER, MD, Jeffrey A	Cambria
LAVERAN, RUDOLF L	Student
LAVERAN STIEBER, MD, Rudolf F	Philadelphia
LAVERDE, MD, Philip S	Venango
LAVIN, MD, Robert A	Berks
LAVIN-LESKA, MD, Linda S	Bucks
LAWLESS, MD, Grant D	Allegheny
LAWLOR, MD, Robert J	Montgomery
LAWRENCE, MD, Gary W	Luzerne
LAWRENCE, MD, John J	York
LAWRENCE, MD, John W	Delaware
LAWRENCE, MD, Philip H	Monroe
LAWRENCE, MD, Robina R	York
LAWRENCE, MD, Salvatore A	Lackawanna
LAWSKY, MD, Alan R	Allegheny
LAWSON, LORI A	Student
LAWSON JR, MD, Herman	Dauphin
LAYCHOCK, MD, Anna M	Schuylkill
LAYDEN, MD, Paul W	Erie
LAYMAN, MD, Richard P	Franklin
LAYTON, MD, Bradley W	Wayne/Pike
LAZAR, MD, Jeffrey C	Mercer
LAZAR, JOEL S	Student
LAZAR, MD, Richard J	Luzerne
LAZARO MORAN, MD, Miguela D	Philadelphia
LAZARUS, DO, Ben G	Lancaster
LAZARUS, MD, Gerald S	Philadelphia
LAZARUS, MD, Robert E	Philadelphia
LAZORIK, MD, Francis C	Delaware
LAZZARO, MD, Theodore A	Westmoreland
LE, MD, Dahn Van	Allegheny
LEAHEY, MD, Alan B	Montgomery
LEAHY, MD, Joann M	Bucks
LEAL, MD, Gumersindo R	Schuylkill
LEAMAN, MD, Ivan B	Lancaster
LEAMAN, MD, Phyllis L	Lancaster
LEAMAN, MD, Thomas L	Dauphin
LEAR, MD, William L	Indiana
LEARNER, MD, Norman	Philadelphia
LEASE, DO, James A	Delaware
LEASE, MD, John R	Luzerne
LEASER, MD, Joseph P	Dauphin
LEASURE, MD, Nick C	Berks
LEATHERS, MD, Donald J	Cambria
LEAVITT, MD, Herbert M	Northampton
LEAVITT, MD, Kent G	Philadelphia
LEAVITT, DO, Matt L	Allegheny
LEAVITT, MD, Richard D	Philadelphia
LEAVITT, DO, Richard Jay	Philadelphia
LEBEAU, MD, Jack	Montgomery
LEBER, MD, David C	Dauphin
LEBERMAN, MD, Paul R	Philadelphia
LEBISCHAK, MD, Helene C	Lancaster
LEBO, MD, Arland A	Lancaster
LEBON, FENTON G	Student
LEBOUITZ, MD, Stanton S	York
LEBOVITZ, MD, Charles N	Allegheny
LEBOVITZ, MD, Jerome J	Allegheny
LECHMANICK, MD, Eugene A	Allegheny
LECHNER, MD, Frederic C	Lycoming
LECKS, MD, Leonard E	Philadelphia
LEDDY, MD, Cheryl	Philadelphia
LEDESMA, MD, Elihu J	Philadelphia
LEDIS, MD, Seymour	Bucks
LEE, MD, Anna D	Philadelphia
LEE, MD, Bernard L	Philadelphia
LEE, MD, Chanchi	Bucks
LEE, MD, Charles Y	Delaware
LEE, MD, Chong S	Northampton
LEE, MD, Chung H	Carbon
LEE, MD, Daniel	Chester
LEE, MD, David E	Philadelphia
LEE, MD, David R	Franklin
LEE, MD, Edward Y	Lackawanna
LEE, FELIX H	Student
LEE, MD, Ferrol J	Bradford
LEE, MD, Foo T	Allegheny
LEE, GUY A	Student
LEE, MD, H C	Northampton
LEE, MD, Henry F	Philadelphia
LEE, MD, Howard J	Bucks
LEE, MD, Hyo Y	Allegheny
LEE, MD, In W	Erie
LEE, JAE H	Student
LEE, MD, Jangwoo	Schuylkill
LEE, MD, John K	Washington
LEE, MD, John Keun-Sang	Allegheny
LEE, MD, Jong Y	Westmoreland
LEE, MD, Jung S	Berks
LEE, MD, Jung-Pil	Berks
LEE, MD, Kang S	Blair
LEE, MD, Kenneth K	Allegheny
LEE, MD, Kenneth K	Huntingdon
LEE, MD, Ki B	Luzerne
LEE, MD, Kwan I	Allegheny
LEE, MD, Kwang W	Philadelphia
LEE, MD, Kyung C	Lackawanna
LEE, LE-YOUNG	Student
LEE, MD, Martin L	Montour
LEE, MD, Ook J	Allegheny
LEE, MD, Robert E	Allegheny
LEE, MD, Rotan	Philadelphia
LEE, MD, Samuel	Bradford
LEE, MD, Sang E	Allegheny
LEE, MD, Sang T	Northampton
LEE, MD, Seung C	Crawford
LEE, MD, William M	Montgomery
LEE, MD, Won Y	Schuylkill
LEE, MD, Ying P	Fayette
LEE, MD, Young W	Wayne/Pike
LEE JR, MD, Charles T	Philadelphia
LEE JR, MD, James H	Philadelphia
LEEGARD, MD, Robert L	Philadelphia
LEEHAN, MD, Sean W	Mercer
LEEN, MD, Raymond L	Allegheny
LEERS, MD, Steven A	Allegheny
LEES, MD, Michael E	Philadelphia
LEET, MD, Thomas E	Lehigh
LEFEVER, MD, Robert S	Adams
LEFF, MD, Bernard	Allegheny
LEFF, MD, Louis E	Allegheny
LEFKOE, MD, Roy T	Philadelphia
LEFLER, MD, Kenneth D	Cambria
LEFTON, MD, Harvey B	Philadelphia
LEGA, MD, Mark	Allegheny
LEGENDRE, MD, Gerald M	Montgomery
LEHAR, MD, Sarah C	Allegheny
LEHMAN, MD, Clara M	Allegheny
LEHMAN, MD, Clinton J	Luzerne
LEHMAN, DO, Gregory M	Delaware

LEHMAN, MD, John W	Beaver
LEHMAN, JULIA F	Student
LEHMAN, MD, Ralph A	Dauphin
LEHMAN, MD, Ruby V	Dauphin
LEHMAN, MD, Sharon S	Montour
LEHMANN, MD, Dale E	York
LEHMANN, MD, David C	Philadelphia
LEHRER, MD, Lewis	Philadelphia
LEHRER, MD, Luisa E	Philadelphia
LEHRICH, MD, Henry E	Lehigh
LEHRMAN, MD, Bruce J	Philadelphia
LEIB JR, MD, Richard C	Cambria
LEIBENSPERGER, MD, Stephen N	Washington
LEIBMAN, MD, Joseph B	Lackawanna
LEIBOWITZ, MD, Arthur N	Delaware
LEIBOWITZ, MD, Leonard D	Allegheny
LEIBY, MD, David K	Bucks
LEICHT, MD, John P	York
LEICHT, MD, Michael J	Montour
LEIGH, MD, Flora B	Delaware
LEIGH, MD, Rewng	Westmoreland
LEIGHT, MD, Robin L	Berks
LEIGHTON JR, MD, John C	Philadelphia
LEIGHTY, MD, Ralph G	Somerset
LEIMAN, MD, Paul M	Lackawanna
LEINWEBER, MD, Bruce K	Philadelphia
LEIPHART, MD, Clarence D	Lancaster
LEIS, MD, Dean J	Dauphin
LEISAWITZ, MD, Elliott G	Berks
LEISAWITZ, MD, Paul A	Berks
LEISE, MD, Eleanor O	Delaware
LEISER, JONATHON B	Student
LEISTER, MD, C Merrill	Lehigh
LEISTER, MD, Howard A	Bucks
LEITEL, MD, Harold L	Jefferson
LEKAWA, MD, Thaddeus	York
LELE, MD, Pramod S	Delaware
LEMAN, MD, William W	Delaware
LEMASTERS, DO, Thomas R	Schuylkill
LEMASTERS, DO, William C	Northmbrland
LEMAY, MD, Michele L	Philadelphia
LEMBERG, MD, Jeffrey D	Allegheny
LEMBERSKY, MD, Barry C	Allegheny
LEMENTOWSKI, MD, Michal	Fayette
LEMERT, MD, Michael R	Chester
LEMIS, MD, Peter M	Allegheny
LEMOLE, MD, Gerald M	Philadelphia
LEMOS, MD, Mark Jason	Montgomery
LEMPERT, MD, Steven L	Allegheny
LENCHNER, MD, Gregory S	Philadelphia
LENKEY, MD, Joseph L	Allegheny
LENNERT, MD, Joseph B	Northampton
LENOX, MD, Cora C	Allegheny
LENOX, MD, John E	Allegheny
LENOX, MD, Robert J	Bradford
LENTINI, MD, J Charles	Luzerne
LENTON, MD, Herbert P	Cumberland
LENTZ, MD, Conrad L	Northampton
LENTZ, MD, John W	Philadelphia
LENTZ, MD, Kenneth H	Allegheny
LENTZ, MD, Mark R	Indiana
LENTZ, MD, Robert E	Lehigh
LENYO, MD, George E	Schuylkill
LEO, MD, Louis R	Philadelphia
LEONARD, MD, Dianne J	Montour
LEONARD, MD, Michael E	Susquehanna
LEONARD, MD, Ronald A	Montgomery
LEONARD III, DANIEL J	Student
LEONARD JR, MD, Edward C	Philadelphia
LEONE, MD, Charles R	Erie
LEONE, MD, Guy R	Westmoreland
LEONI, MD, Joseph	Berks
LEONIDA, MD, Elfren L	Westmoreland
LEOPOLD, DO, Norman A	Delaware
LEOPOLD, MD, Robert L	Philadelphia
LEOPOLD JR, MD, A Reid	Mifflin/Juni
LEPAR, MD, Edwin	Philadelphia
LEPONE, MD, Kenneth	Lebanon
LERBERG, MD, David B	Allegheny
LERMAN, MD, Michael G	York
LERNER, MD, Arthur M	Philadelphia
LERNER, MD, Elliot J	Delaware
LERNER, MD, Harvey J	Philadelphia
LERNER, MD, Lori A	Philadelphia
LERNER, MD, Samuel M	Lehigh
LERNER, SUSAN M	Student
LEROY, MD, N Blair	Montgomery
LESACA, MD, Timothy G	Fayette
LESCANIC, MD, Michael L	Centre
LESHNER, DO, Richard T	Philadelphia
LESHOCK, MD, Leon E	Carbon
LESKO, MD, Julianne J	Dauphin
LESLIE, MD, David C	Washington
LESLIE JR, MD, M Russell	Allegheny
LESNIAK, MD, John P	Lackawanna
LESNOCK, MD, Robert G	Washington
LESSE, MD, S Michael	Northampton
LESSER, MD, Raymond W	Philadelphia
LESSIG, MD, Harry J	Philadelphia
LESSIN, MD, Stuart R	Delaware
LESTER, MD, Daniel E	Washington
LESTER, MD, Mark C	Lehigh
LETCHER, MD, John R	Philadelphia
LETOCHA, MD, Charles E	York
LETWIN, MD, Lee B	Montgomery
LEUNISSEN, MD, Reinhard L A	Delaware
LEUTE, MD, Millard S	Delaware
LEUZZI, MD, Rosemarie A	Allegheny
LEVAN, MD, John B	Berks
LEVAN, JOSEPH R	Student
LEVANDOSKI, MD, Diane C	Montour
LEVANDOSKI JR, MD, Gerald J	Montour
LEVENBERG, MD, David	Philadelphia
LEVENSON, MD, Carl	Philadelphia
LEVENSON, MD, David J	Allegheny
LEVENSON, MD, Morton W	Lancaster
LEVEQUE, MD, Joseph A	Philadelphia
LEVEY, MD, Barbara Ann	Allegheny
LEVEY, CHRISTOPHER S	Student
LEVEY, ERIC B	Student
LEVEY, MD, Gerald S	Allegheny
LEVICK, MD, Marvin H	Allegheny
LEVICK, MD, Stanley N	Philadelphia
LEVIN, MD, Andrew J	Philadelphia
LEVIN, MD, Barry L	Philadelphia
LEVIN, MD, Bradley H	York
LEVIN, MD, Daniel M	Dauphin
LEVIN, MD, Gary J	Chester
LEVIN, MD, Gene D	Bucks
LEVIN, HAL W	Student
LEVIN, MD, Howard A	Montgomery
LEVIN, MD, Howard M	Erie
LEVIN, MD, I Howard	Philadelphia
LEVIN, MD, Larry L	Allegheny
LEVIN, MD, Marc W	Lehigh
LEVIN, MD, Michael D	Philadelphia
LEVIN, MD, Moisey	Philadelphia
LEVIN, MD, Morris	Bucks
LEVIN, MD, Norman P	Philadelphia
LEVIN, MD, Randy	Dauphin
LEVIN, MD, Richard L	Bucks
LEVIN, MD, Richard M	Lancaster
LEVIN, MD, Ronald M	Philadelphia
LEVIN, STEVEN I	Student
LEVINE, MD, Alan P	Berks
LEVINE, MD, Arnold H	Philadelphia
LEVINE, MD, Arthur L	Lehigh
LEVINE, MD, Bruce D	Allegheny
LEVINE, MD, Charles B	York
LEVINE, MD, Charles R	Lehigh
LEVINE, MD, Jacob	Westmoreland
LEVINE, DO, Jeffrey N	Lancaster
LEVINE, MD, Macy I	Allegheny
LEVINE, MD, Mark A	Montour
LEVINE, MD, Mark J	Erie
LEVINE, MD, Michael	Allegheny
LEVINE, MD, Phillip R	Allegheny
LEVINE, MD, Richard B	Philadelphia
LEVINE, MD, Sheldon R	Allegheny
LEVINE, MD, Stuart E	Philadelphia
LEVINSKY, MD, Walter J	Philadelphia
LEVINSON, MD, Bradley A	Allegheny
LEVINSON, MD, Julian P	Allegheny
LEVINSON, MARK E	Student
LEVINSON, MD, Nat E	Lackawanna
LEVINSON, MD, Peter G	Erie
LEVINSON, MD, Sander J	Lackawanna
LEVINSON, MD, Stuart L	Philadelphia
LEVINSON, MD, William D	Westmoreland
LEVIS, MD, Michael P	Allegheny
LEVIT, MD, Edithe J	Philadelphia
LEVIT, MD, Samuel M	Philadelphia
LEVITIN, MICHELLE S	Student
LEVITSKY, MD, Carl M	Philadelphia
LEVITT, MD, Jerry D	Philadelphia
LEVITT, MD, Lawrence P	Lehigh
LEVITT, ROBERT M	Student
LEVKOY, MD, Barbara Runkle	Allegheny
LEVY, MD, David Bohrer	Philadelphia
LEVY, MD, David J	Erie
LEVY, MD, Edwin J	Delaware
LEVY, MD, Howard A	Philadelphia
LEVY, MD, Jon A	Allegheny
LEVY, MD, Leslie J	Allegheny
LEVY, MD, Marshall S	Allegheny
LEVY, MD, Michael H	Philadelphia
LEVY, MD, Paul F	Berks
LEVY, MD, Reinhardt D	Allegheny
LEVY, MD, Scott S	Bucks
LEVY, MD, William K	Montgomery
LEVYN, DO, Murry E	Bucks
LEW, MD, Chung M	Beaver
LEWANDOWSKI, MD, Ann E	Dauphin
LEWBART, MD, Marvin L	Delaware
LEWIN, MD, Julian R	Allegheny
LEWIN, MD, Stanley B	Dauphin
LEWINE, MD, Yale S	Cambria
LEWIS, MD, Alan E	Philadelphia
LEWIS, MD, Daniel W	Philadelphia
LEWIS, MD, Earl T	Chester
LEWIS, MD, Gary W	Westmoreland
LEWIS, MD, Gregory L	Cumberland
LEWIS, MD, Henry C	Westmoreland
LEWIS, MD, Ivor	Northmbrland
LEWIS, MD, Joffre P	Schuylkill
LEWIS, DO, Kathleen C	Lycoming
LEWIS, MD, Kathryn A	Blair
LEWIS, MD, L Clifford	Chester
LEWIS, MD, Maurice J	Dauphin
LEWIS, MD, Paul L	Philadelphia
LEWIS, MD, Rachel E	Philadelphia
LEWIS, MD, Rebecca E	Montgomery
LEWIS, MD, Richard P	Allegheny
LEWIS, MD, Robert E	Allegheny
LEWIS, MD, Stephen F	Montgomery
LEWIS, MD, Stuart H	Delaware
LEWIS, MD, William J	Delaware
LEWIS JR, MD, George C	Philadelphia
LEWIS JR, MD, Howard T	Allegheny
LEWIS JR, MD, Thomas J	Allegheny
LEY-HAN, HECTOR	Student
LEYZIN, MD, Felix	Philadelphia
LEYZIN, MD, Mara S	Philadelphia
LEZEK, MD, Vincent J	Allegheny
LI, SHERYL G	Student
LIACHOWITZ, MD, Claire H	Philadelphia
LIACOURAS, MD, Chris A	Chester
LIANG, MD, David Y	Allegheny
LIANG, MD, Gwendolyn J	Montgomery
LIANG, MD, Marc D	Allegheny
LIANG, MD, Maria	Allegheny
LIANG, MD, Ping Tchang	Allegheny
LIAO, MD, Margaret R	Philadelphia
LIAW, MD, Ming T	Philadelphia
LIAW, MD, Wen Haw	Philadelphia
LIAW, YISCHON	Student
LIBASSI, MD, Mark J	Philadelphia
LIBERACE, MD, Ettore V	Chester
LIBERI, MD, Alfred A	Delaware
LIBERTA, MD, Thomas R	Northampton
LICHTENBERG, MD, Richard A	Delaware
LICHTENSTEIN, MD, Gary R	Philadelphia
LICHTENSTEIN, MD, Israel	Philadelphia
LICHTENSTEIN, MD, Stephen B	Philadelphia
LICHTER, MD, James G	Allegheny
LICHTMAN, MD, Joseph M	Philadelphia
LIDDELL, MD, Albert G	Lycoming
LIDSTON, MD, Bruce M	Huntingdon
LIEBENBERG, MD, Robert E	Philadelphia
LIEBENTRITT, MD, Frank J	Erie
LIEBER, MD, Claude P	Philadelphia
LIEBERMAN, MD, Bruce L	Bucks
LIEBERMAN, MD, Daniel	Philadelphia
LIEBERMAN, MD, Donald H	Philadelphia
LIEBERMAN, MD, Francis A	Lehigh
LIEBERMAN, MD, George E	Philadelphia
LIEBERMAN, MD, Jordan A	Montgomery
LIEBERMAN, MD, Lance A	Blair
LIEBERMAN, MD, Richard M	Lehigh
LIEBERMAN, MD, Samuel	Philadelphia
LIEBERMAN JR, MD, Joseph A	Lehigh
LIEBLER, MD, George A	Allegheny
LIEBMAN, MD, Emil P	Philadelphia
LIEBMAN, MD, Irvin M	Bucks
LIEBREICH, MD, Mark	Bucks
LIEF, MD, Harold I	Philadelphia
LIEFELD, MD, Paul A	Allegheny
LIEN, DONALD C	Student
LIFE, MD, Jeffry S	Wyoming
LIFTON, MD, Lester J	Dauphin
LIGGETT, MD, John S	Allegheny
LIGGETT, MD, Joseph G	Allegheny
LIGHT, MD, Harry G	Northampton
LIGHT, MD, John H	Centre
LIGHT, MD, John J B	Lebanon
LIGHT, MD, Wilma C	Westmoreland
LIGHTMAN, MD, David A	Montour
LIGHTS, MD, Verneda M	Philadelphia
LIGNELLI, MD, Gregory J	Berks
LILIENTHAL, MD, David S	Allegheny
LILIK, MD, Kenneth W	Lackawanna
LILLEY, MD, George W	Delaware
LILLI, MD, Elmo J	Monroe
LILLMARS, DO, Steven A	Montour
LIM, MD, Chang-Sein	Wayne/Pike
LIM, MD, Dawson	Allegheny
LIM, MD, Edward T	Allegheny
LIM, MD, Emmanuel R	Northampton
LIM, MD, Felixberto D	Allegheny
LIM, MD, Heng-Feng	Dauphin
LIM, MD, Lourdes T	Mercer
LIM, MD, Mario R	Philadelphia
LIM, MD, Michael K	Lackawanna
LIM, MD, Osmundo U	Delaware
LIM, MD, Rebecca B	Bradford
LIM, DO, Scott J M	Luzerne
LIM, MD, Young K	Westmoreland
LIMA, MD, Claudio A B	Allegheny
LIMBERAKIS, MD, Anthony J	Philadelphia
LIMBERGER, MD, William A	Chester
LIMBERT, MD, Lawrence	Montgomery
LIMCUANDO, MD, Emiliano L	Somerset
LIMKAKENG, MD, Alexander D	Mercer
LIMOGES, MD, Richard F	Philadelphia
LIMPERT, MD, George H	Wyoming
LIN, MD, Ching H	Schuylkill
LIN, MD, Hong-Der	Allegheny
LIN, MD, Luke	Allegheny
LIN, MD, Ming-Shek	Allegheny
LIN, MD, Paul M	Philadelphia
LIN, MD, Paul S	Union
LIN, MD, Pu Ching	Elk/Cameron
LIN, MD, Rong-Chung	Allegheny
LIN, MD, Sheldon S	Philadelphia
LIN, MD, Shiow-Bih	Allegheny
LIN, MD, Zwu-Shin	Lehigh
LINCOFF, MD, William	Delaware
LIND, THOMAS E	Student
LINDBLAD, MD, John H	Allegheny
LINDENBAUM, MD, Jorge	Allegheny
LINDENFELD, MD, Arthur	Lehigh
LINDER, MD, Lisa J	Delaware
LINDER, MD, Paul G	Allegheny
LINDHOLM, MD, Robert N	Delaware
LINDQUIST, MD, John N	Philadelphia
LINDQUIST, DO, Lisa A	Philadelphia
LINDQUIST, MD, Sheryl L	Chester
LINDSAY, MD, David A	Lycoming
LINE, MD, Dennis E	Cumberland
LINES, MD, Laurence G	Venango
LING, MD, Carl H	Butler
LING, MD, Charles C	Schuylkill
LING, MD, Henry T	Montgomery
LINGANNA, MD, Bhattarahally Y	Lawrence
LINGAREDDY, VASUDHA	Student
LINGENFELTER, MD, Kyle A	Bradford
LINHART, MD, Randolph W	Allegheny
LININGER, MD, John R	Montgomery
LINN, MD, John L	Warren
LINN, DO, Robert	Philadelphia
LINN, MD, Sheldon H	Bucks
LINN JR, MD, Jay G	Allegheny
LINNEMANN, MD, Roger E	Philadelphia
LINS, MD, Jeffrey A	Allegheny
LINSKEY, MD, Mark E	Allegheny
LINTGEN, MD, Arthur B	Montgomery
LINTZMEYER, MD, Emil A	Delaware
LINVILLE, MD, Terry L	Westmoreland
LIPAPIS, MD, Christy N	Allegheny
LIPES, MD, Jan K	Bucks
LIPKIN, MD, David E	Montgomery
LIPKIN, DO, Herbert J	Philadelphia
LIPMAN, MD, Bernard L	Philadelphia
LIPMAN, MD, Rodney C	Allegheny
LIPMAN, MD, Sidney P	Erie
LIPNACK, DO, Eric M	Montgomery
LIPPA, MD, Erik A	Philadelphia
LIPPA, MD, Linda S M	Philadelphia
LIPPE, MD, Ronald W	Cumberland
LIPPERT, MD, Louis C	Jefferson
LIPPIN, MD, Richard A	Philadelphia
LIPPO, MD, Frank L	Philadelphia
LIPSCHUTZ, MD, Arthur	Philadelphia
LIPSCHUTZ, MD, Louis B	Philadelphia
LIPSCHUTZ, MD, Steven M	Philadelphia
LIPSENTHAL, MD, Lee	Philadelphia
LIPSHUTZ, MD, Harold	Philadelphia
LIPSHUTZ, MD, Hugh	Montgomery
LIPSHUTZ, MD, William H	Philadelphia
LIPSITZ, MD, H David	Allegheny
LIPSIUS, MD, Edward I	Philadelphia
LIPSKY, MD, Caren L	Philadelphia
LIPSON, MD, Cheryl S	Carbon
LIPSON, MD, John D	Indiana
LIPSON, MD, M Barry	Bucks
LIPSON, MD, Stephen D	Lycoming
LIPTON, MD, Steven E	Montgomery
LIS, MD, Edward T	York
LISAN, MD, Philip	Philadelphia
LISAN, MD, Ronald M	Philadelphia
LISBERGER, MD, Mark D	Delaware
LISI, MD, Louise M	Philadelphia
LISKA, MD, John R	Westmoreland
LISKER, MD, Sheldon A	Philadelphia
LISKEY, MD, Lee R	Philadelphia
LISNYCZYJ, MD, Nicholas	Lackawanna
LISOWITZ, MD, Gerald M	Westmoreland
LISS, MD, Arthur	Luzerne
LISS, MD, Gilbert A	Chester
LISS, MD, Jonathan	York
LISS, MD, Robert G	Allegheny
LISTA, MD, William A	Philadelphia
LISTMAN, DAVID A	Student
LISTWA, DO, Howard M	Lehigh
LIT, MD, Joan A	Montgomery
LITCHMAN, MD, Joseph F	Luzerne
LITCHMAN, MD, Maureen R	Luzerne
LITKA, MD, Paul A	Philadelphia
LITMAN, DO, Randy G	Montgomery
LITOVSKY, MD, Daniel A	Bucks
LITRENTA, MD, David E	York
LITT, MD, Lawrence M	Montgomery
LITTLE, MD, G Robert	Dauphin
LITTLE, MD, Robert G	Dauphin
LITTMAN, MD, Jeffrey Jay	Philadelphia
LITTMAN, MD, Solomon I	Delaware
LITTON, MD, Jason J	Dauphin
LITTON, MD, Linda T	Dauphin
LITVIN, MD, Henry	Montgomery
LITWIN, MD, Jeffrey S	Montgomery
LIU, MD, Philip G	Wayne/Pike
LIU, MD, Rosita O	Wayne/Pike
LIU, SAM S	Student
LIU, MD, Winston T	Philadelphia
LIVECCHI, MD, John T	Lackawanna
LIVENGOOD, MD, Margaret A	Luzerne
LIVOLSI, MD, Philip D	Philadelphia
LIZANO, MD, Violeta M	Lackawanna
LIZERBRAM, DO, Deborah G	Bucks
LLINAS, MD, Alfredo J	Bradford
LLOYD, MD, Benjamin J	Berks
LLOYD, MD, Edgar C	Berks
LLOYD, MD, Gerald R	Erie
LLOYD, MD, Jon C	Allegheny
LO, MD, Shih C	Allegheny
LOBAS, MD, David M	Allegheny
LOBEL, MD, Jeffrey S	Montour
LOBES JR, MD, Louis A	Allegheny
LOBITZ, MD, Stanley A	Luzerne
LOBL, MD, Lawrence T	Allegheny
LOCALA, JOSEPH A	Student
LOCH-DONAHUE, MD, Janet M	Allegheny
LOCHHEAD, MD, Harrie B	Philadelphia
LOCKE, MD, David L	Allegheny
LOCKEE, MD, William B	Cambria
LOCKEY III, MD, Stephen D	Lancaster
LOCKMAN, MD, Bruce E	Philadelphia

LODER, DO, Donald I	Berks
LODISE, MD, Raymond J	Philadelphia
LOEB, MD, Debra G	Chester
LOEB, MD, Robert L	Erie
LOEB, MD, Roland A	Lancaster
LOEFFLER JR, MD, John G	Cumberland
LOEPER, MD, Donald J	Berks
LOESCH, DANIEL V	Student
LOEV, MD, Marvin	Bucks
LOEW, MD, Clifford G	Philadelphia
LOEWENBERG, MD, Leopold S	Philadelphia
LOFARO, MD, Salvatore A	Delaware
LOFFREDA-MANCINELLI, MD, Claudio	Beaver
LOFFREDO, MD, Linda S	Allegheny
LOFTUS, MD, Joseph A	Luzerne
LOFTUS, MD, Thomas A	Philadelphia
LOFTUS, MD, Thomas M	Philadelphia
LOGAN, MD, Kenneth M	Allegheny
LOGAN, MD, Lewis P	Lycoming
LOGAN, MD, Martha L	Philadelphia
LOGAN, MD, Thomas M	Philadelphia
LOGUE, MD, James G	Philadelphia
LOH, MD, Charles K	Cumberland
LOHIER, MD, Raymond	Philadelphia
LOK, MD, Mai Pai	Schuylkill
LOLLEY, MD, David M	Allegheny
LOMAX JR, MD, Walter P	Philadelphia
LOMBARD, MD, Michael F	Luzerne
LOMBARD, MD, Robert M	Lancaster
LOMBARD JR, MD, Robert M	Dauphin
LOMBOY, MD, Norma T	Lehigh
LOMIBAO, MD, Eduardo C	Northampton
LONDINO JR, MD, Aldo V	Allegheny
LONDON, BEVERLY M	Student
LONDON, MD, Gladys Z	Delaware
LONDON, DO, Pamela A	Montgomery
LONDON, MD, Philip	Philadelphia
LONDON, MD, W Thomas	Philadelphia
LONERGAN, MD, Robert P	Dauphin
LONG, MD, David A	Dauphin
LONG, MD, Edwin T	Allegheny
LONG, MD, J Stephen	Lebanon
LONG, MD, Joseph P	Cumberland
LONG, MD, Paul R	Luzerne
LONG, MD, Richard A	Washington
LONG, MD, Richard W	Erie
LONG, MD, Robert D	Union
LONG, MD, Ronald A	Huntingdon
LONG, MD, Theodore K	Lebanon
LONG JR, MD, Herbert C	Indiana
LONG JR, MD, William C	Clinton
LONGACRE, MD, Jane M	Montgomery
LONGARINI, MD, Amilcar E	Schuylkill
LONGARINI, MD, Ricardo	Schuylkill
LONGENBACH, MD, Eric W	Lycoming
LONGENECKER, MD, Benjamin E	Berks
LONGENECKER, MD, Roger N	Berks
LONGENHAGEN, MD, John B	Lehigh
LONGO, MD, Santo	Northampton
LONGWELL, MD, Robert H	Lancaster
LONGWELL JR, MD, Benton E	Cambria
LONSDORF, MD, Richard G	Philadelphia
LOOMIS, MD, James W	Lackawanna
LOOSE, MD, Jeffrey H	Philadelphia
LOPATIN, MD, Mark A	Philadelphia
LOPATIN, MD, William B	Allegheny
LOPEZ, MD, Aisa G	Philadelphia
LOPEZ, MD, Frank W	Dauphin
LOPEZ, MD, Maria O	Allegheny
LOPEZ, MD, Rafael R	Allegheny
LOPEZ, MD, Ubaldo P	Montour
LOPONTE, MD, Marie A	Philadelphia
LOPUSNIAK, MD, Mieczyslaw S	Delaware
LORBER, MD, Stanley H	Philadelphia
LORD, MD, Brian	Philadelphia
LORD, MD, Kenneth J	Erie
LORD, MD, William H	Berks
LOREMAN, DO, Lorie	Bucks
LORENTZ, MD, Gerald T	Franklin
LORENZ III, MD, Stephen A	Allegheny
LORENZO, MD, Frederick V	Adams
LORET DE MOLA, MD, J Ricardo	Lehigh
LORRY, MD, Ralph W	Philadelphia
LOSKEN, MD, H Wolfgang	Allegheny
LOSS, DO, Beth A	York
LOTLIKAR, JEFFREY P	Student
LOTTICK, MD, Edward A	Luzerne
LOTZ, MD, Andrew J	Chester
LOUCKS, MD, James H	Philadelphia
LOUGH, MD, Frederick C	Berks
LOUGHEAD JR, MD, John R	Berks
LOUGHMAN, MD, Linda	Allegheny
LOUIS-CHARLES, MD, Roy	Philadelphia
LOUKA, MD, Mounir H	Philadelphia
LOUTON, MD, Robert B	Blair
LOUX, MD, Norman L	Bucks
LOVE, MD, Carol A	Philadelphia
LOVE, MD, Michael B	Philadelphia
LOVE, MD, Willard H	Dauphin
LOVECCHIO, MD, Francis A	Monroe
LOVELL, MD, Donald R	Blair
LOVERANES, MD, Mariano D	Erie
LOVETT, MD, William J	Lebanon
LOVETTE, MD, John B	Cambria
LOVRINIC, MD, Daniel F	Luzerne
LOVRINIC, MD, William S	Chester
LOW, MD, Diong O	Philadelphia
LOWDER JR, MD, Ralph J	Allegheny
LOWE, MD, David A	Philadelphia
LOWE, MD, Diane A	Luzerne
LOWE, MD, Stephen J	Philadelphia
LOWELL, MD, Fred M	Lancaster
LOWENGRUB, MD, Katherine M	Allegheny
LOWERY, MD, Willa D	Allegheny
LOWMAN, MD, Gerald F	Northampton
LOWRY, MD, Don A	Cambria
LOWRY, MD, Donald J	Dauphin
LOWRY, MD, Louis D	Philadelphia
LOWRY, STEVEN J	Student
LOWY JR, MD, Alexander D	Allegheny
LOZANO, MD, Ramon G	Allegheny
LU, IRENE	Student
LU, MD, Luis W	Elk/Cameron
LU, MELVIN C	Student
LU, MD, Milton M	Lancaster
LUBAHN, MD, John D	Erie
LUBBE, MD, Willem J	Lycoming
LUBIC, MD, Lowell G	Allegheny
LUBIN, DO, Howard S	Delaware
LUBIN, MD, Joseph D	Philadelphia
LUBINSKI, STUART M	Student
LUBIZKA, MD, Alexandria	Philadelphia
LUBOW, MD, Harry	Westmoreland
LUBOWITZ, MD, Richard M	Montgomery
LUCAS, MD, Donna M	Allegheny
LUCAS, GLYNDA W	Student
LUCAS, MD, Kenneth G	Allegheny
LUCAS, MD, Marvin H	Allegheny
LUCAS, MD, R Dubois	Philadelphia
LUCAS, MD, Richard M	Lancaster
LUCAS-FEHM, MD, Lynn Michele	Philadelphia
LUCENA, MD, Aurora L	Delaware
LUCENA, MD, Ernesto E	Delaware
LUCHACO, MD, Anne L	Philadelphia
LUCHETTE, MD, Albert A	Mercer
LUCHETTI, WAYNE T	Student
LUCIER, MD, Alfred C	Delaware
LUCINE JR, MD, Albert A	Chester
LUCKENBAUGH, AMY S	Student
LUDIVICO, MD, Charles L	Northampton
LUDKIEWICZ, MD, Wayne S	Beaver
LUDMER, MD, Mario	Allegheny
LUDOLPH, MD, Carol Ann	Philadelphia
LUDWICK, MD, David J	Montgomery
LUDWIG, MD, Jacob S	York
LUDWIG, MD, Karl D	Allegheny
LUDWIG, MD, Karla M	Lebanon
LUECKE, MD, Gail A	Berks
LUFT, MD, William C	Bradford
LUGO, MD, Steven J	Blair
LUGUE, MD, Carmela S	Clearfield
LUGUE JR, MD, Amado B	Clearfield
LUISTRO, MD, Patria D	Philadelphia
LUK, MD, Stephen S	Dauphin
LUKACS, MD, Kornel	Blair
LUKAS, MD, Maryann E	Montgomery
LUKAS, MD, Raymond A	Lycoming
LUKASZCZYK, MD, John J	Northampton
LUKASZCZYK, MD, Thomas A	Northampton
LUKER, MARK G	Student
LULEY, MD, Richard F	Dauphin
LUMINAIS, MD, Steven K	Chester
LUMISH, MD, Robert M	Allegheny
LUN, MD, Lapman	Philadelphia
LUNA, MD, Fredesvinda	Clearfield
LUNA, MD, Roberto S	Clearfield
LUND, MD, Peere C	Cambria
LUND, MD, Peter S	Erie
LUNDIE, MD, William M	Westmoreland
LUNDY, MD, Barbara S	Montgomery
LUNDY, MD, Edward F	Lancaster
LUNDY, MD, Theodore	Philadelphia
LUNG, MD, Richard J	Luzerne
LUNING-PRAK, ELINE T	Student
LUNSFORD, MD, L Dade	Allegheny
LUO, MD, Solomon C	Schuylkill
LUONGO JR, MD, Romeo A	Philadelphia
LUPARELLO, MD, Frank J	Allegheny
LUPARIELLO, MD, Angelo D	Allegheny
LUPAS, MD, John A	Montgomery
LUPIN, MD, Gordon W	Montgomery
LUPINACCI, MD, Michael F	Chester
LUPINETTI, MD, Michael F	Allegheny
LURIE, MD, Abraham A	Montgomery
LUSCH, MD, Charles J	Berks
LUSCOMBE, MD, Herbert A	Philadelphia
LUSSER, MD, Martha A	Lehigh
LUSTBADER, MD, Michael L	Beaver
LUSTIG, MD, Keith A	Erie
LUTHER, MD, Robert J	Cambria
LUTHRA, MD, Damyanti	Westmoreland
LUTHRA, MD, Manmohan S	Westmoreland
LUTINS, MD, Jay A	Allegheny
LUTMAN, MD, Frank C	Philadelphia
LUTNESS, MD, Mark P	Montour
LUTZ, MD, Charles K	Berks
LUTZ, MD, Raymond J	Lehigh
LUTZ, MD, Ronald A	Lehigh
LUTZ JR, MD, Roland B	Montgomery
LWIN, MD, Tint	Allegheny
LYCHAK, MD, John C	Northampton
LYDIC, MD, Michael L	Philadelphia
LYET, MD, J Paul	Lancaster
LYKENS, MD, Harry D	Centre
LYLE, MD, Donald F	Philadelphia
LYNAM, MD, Edward P	Allegheny
LYNCH, MD, Christopher B	Monroe
LYNCH, MD, Christopher G	Lehigh
LYNCH, MD, David A	Blair
LYNCH, MD, James D	Berks
LYNCH, MD, James J	Philadelphia
LYNCH, MD, James M	Allegheny
LYNCH, MD, John D	Allegheny
LYNCH, MD, Robert E	Chester
LYNCH, SCOTT A	Student
LYNCH, DO, William J	Clarion
LYND JR, MD, Clifford W	York
LYNESS, MD, Samuel S	Montgomery
LYNN, MD, Charles A	Butler
LYNN, MD, Mark E	Dauphin
LYNN, MD, Richard E	Westmoreland
LYON, MD, Edward	Lycoming
LYON-LOFTUS, MD, Diana J	Franklin
LYON-LOFTUS, MD, Gregory T	Franklin
LYONS, MD, Carolann W	Erie
LYONS, MD, Christine W	Chester
LYONS, MD, Christopher J	Philadelphia
LYONS, MD, Clifford H	Berks
LYONS, MD, Daniel C	Berks
LYONS, MD, Gary W	Erie
LYONS, MD, John C	Erie
LYONS, MD, Wilbert A	Bucks
LYSSY, MD, Kenneth M	Berks
LYTLE, MD, Larry H	Clinton

M

MA, MD, Alice D	Philadelphia
MAAS, MD, Anthony E	Dauphin
MAAS, MD, Kurt D	Lackawanna
MACALUSO, MD, Russell A	Union
MACARANAS, MD, Renato R	Clearfield
MACARIN, MD, Richard M	Lackawanna
MACART, BERNADETTE A	Student
MACCHIAROLI, MD, Joseph A	Allegheny
MACDONALD, MD, Allan R	Armstrong
MACDONALD, MD, Douglas A	Allegheny
MACDONALD, MD, George F	Allegheny
MACDONALD, MD, Robert R	Allegheny
MACDOUGALL, MD, Howard H	York
MACDOUGALL, MD, James H	Allegheny
MACDOUGALL, MD, Robert D	York
MACEK, MD, Ralph C	Blair
MACFADYEN, MD, Bruce V	Philadelphia
MACHANIC, MD, Harmon J	Lycoming
MACHI, MD, Junji	Philadelphia
MACHIKO, MD, Gregory G	Allegheny
MACHIRAJU, MD, V R	Allegheny
MACHT JR, MD, Elmer L	Philadelphia
MACIELAK, MD, James R	Crawford
MACK, MD, Anne C	Philadelphia
MACK, MD, Bruce J	Bradford
MACK, MD, Denise Marie	Philadelphia
MACKALL, MD, Samuel J	Luzerne
MACKAY, MD, Bruce R	Bradford
MACKELL, MD, James V	Philadelphia
MACKELL, MD, Thomas E	Bucks
MACKELL JR, MD, James V	Philadelphia
MACKELLAR, MD, Bruce W	Susquehanna
MACKENZIE, MD, Charles E	Warren
MACKENZIE, MD, Iain L	York
MACKENZIE, MD, Norman D	Chester
MACKEY JR, MD, James G	Montgomery
MACKIE, MD, Julius A	Philadelphia
MACKINNEY, MD, Charles C	Philadelphia
MACKLER, MD, Gerald L	Bradford
MACKNIGHT, JOHN M	Student
MACKRELL, MD, James J	Lackawanna
MACKRELL, MD, James P	Erie
MACKRELL, MD, William P	Lackawanna
MACLACHLAN, MD, William W	Erie
MACLAREN, MD, George A	Montgomery
MACLAY, MD, Patricia L	Allegheny
MACLEAR, DO, Douglas G	Centre
MACLEOD, MD, Gordon K	Allegheny
MACMILLAN, MD, Bruce B	Allegheny
MACMILLAN, MD, Jeffrey T	Allegheny
MACMILLAN IV, DO, James P	Berks
MACMORAN, MD, Jay W	Philadelphia
MACPHAIL, MD, John A	Westmoreland
MACPHERSON, MD, Trevor A	Allegheny
MACUT, MD, S Sava	Dauphin
MACVAUGH III, MD, Horace	Philadelphia
MACY, MD, Charles T	Montgomery
MADANY, MD, Bahij H	Bucks
MADDEN, MD, Francis P	Bucks
MADDEN, MD, John Francis	Philadelphia
MADDEN, MD, Kevin G	Lackawanna
MADDEN JR, MD, Lawrence H	Allegheny
MADDER, DO, David A	Philadelphia
MADDER, DO, Robert D	Beaver
MADDREY, MD, Willis C	Philadelphia
MADHAVAN, MD, Vasantha C	Allegheny
MADIANOS, MD, Michael	Philadelphia
MADISETTY, MD, Sudhir	Monroe
MADOFF, MD, Henry R	Allegheny
MADOR, ANNE T	Student
MADOW, MD, Leo	Philadelphia
MADURA, MD, Joseph R	Mercer
MAENNER, MD, Gerald F	Student
MAENZA, MD, Ronald M	Philadelphia
MAERZ, MD, John C	Montgomery
MAFFEO, MD, Alphonse A	Lehigh
MAGARGAL, MD, Helga O	Philadelphia
MAGARGAL, MD, Larry E	Philadelphia
MAGARGEE, DO, Susan P	Philadelphia
MAGARGLE, MD, R Lynn	Dauphin
MAGBOJOS, MD, Quirico R	Franklin
MAGBOJOS, MD, Zenaida V	Franklin
MAGDALINSKI, DO, Anthony J	Tioga
MAGEE, MD, Joan M	Chester
MAGEE, MD, John G	Philadelphia
MAGEE, MD, Richard S	Blair
MAGGITTI, MD, Michael J	Chester
MAGID, MD, D Riva	Beaver
MAGID, MD, Warren P	York
MAGIDA, MD, Theodore M	Philadelphia
MAGILL, MD, Elizabeth Y	Dauphin
MAGILL, MD, William H	Perry
MAGILL III, MD, John T	Union
MAGILNER, MD, Arthur D	Philadelphia
MAGILNER, MD, Louis	Philadelphia
MAGLEY, MD, Robert S	Cambria
MAGNANI, MD, Thomas J	Centre
MAGOUN, MD, George L	Erie
MAGOVERN, MD, George J	Allegheny
MAGOVERN, MD, James A	Allegheny
MAGOVERN JR, MD, George J	Allegheny
MAGRAN, MD, Leonardo	Philadelphia
MAGUIRE, DO, F William	Chester
MAGUIRE, MD, Joseph I	Delaware
MAGUIRE, MD, Leo J	Delaware
MAGUIRE, MD, Randall F	Philadelphia
MAGUIRE II, MD, Frank P	Lycoming
MAGYARITS, ELLEN M	Student
MAHALINGAPPA, MD, C	Westmoreland
MAHAN, MD, James C	Allegheny
MAHAN, MD, John P	Bucks
MAHBOUBI, MD, Riaz	Bucks
MAHER, MD, John C	Allegheny
MAHER, MD, Regis M	Fayette
MAHER, MD, Yvonne B	Allegheny
MAHER JR, MD, Thomas D	Allegheny
MAHESHWARI, MD, Mukul P	Allegheny
MAHMOOD, MD, Arshad	Allegheny
MAHMOOD, MD, Edna Z	Berks
MAHMUD, MD, Faruq	Montour
MAHON, MD, Marilyn S	Dauphin
MAHON, MD, Wilmer B	Dauphin
MAHON JR, MD, Frank B	Bradford
MAHONEY, CATHERINE E	Student
MAHONEY, JOHN F	Student
MAHOOD, MD, William H	Montgomery
MAHSOOB, MD, Abdul Hamed	Allegheny
MAIDA, MD, Frank V	Westmoreland
MAIGUR, MD, William S	Lackawanna
MAINGI, MD, Naresh S	Dauphin
MAINWARING, MD, Brent L	Allegheny
MAINZER, MD, Francis K	Erie
MAINZER, MD, Thomas R	Huntingdon
MAIORANA, MD, S Leroy	Berks
MAISEL, MD, Wilfred	Northampton
MAISH JR, MD, George O	Northampton
MAITIN, MD, Ian B	Philadelphia
MAITLAND, ANNE L	Student
MAITLAND, MD, Leah A	Adams
MAIVALD, MD, Pavel	Allegheny
MAJCHRZAK JR, CHARLES G	Student
MAJERNICK, DO, Thomas G	Wyoming
MAJESKI, MD, Joseph T	Lackawanna
MAJMUDAR, MD, Harshit P	Allegheny
MAJMUDAR, MD, Vasanti H	Allegheny
MAJOR, MD, David A	Philadelphia
MAKAROUN, MD, Michel S	Allegheny
MAKAROWSKI, MD, William S	Erie
MAKARY, MD, Adel Z	Montour
MAKATCHE, DO, Timothy J	Berks
MAKHDOMI, MD, A Rashid	Northampton
MAKHIJA, MD, Kailash R	Carbon
MAKLER, MD, Jacob S	Philadelphia
MAKLER, MD, P Todd	Philadelphia
MAKOUS, MONTE	Student
MAKOUS, MD, Norman	Philadelphia
MAKSIMAK, MD, Janis F	Montour
MAKSIMAK, MD, Martin	Montour
MALACARI, MD, Dominic V	Luzerne
MALACOFF, MD, Robert F	Northampton
MALAK, MD, Timothy M	Berks
MALAMUT, MD, Richard I	Delaware
MALAYIL, MD, Michael T	Washington
MALCOLM, MD, Donald C	Huntingdon
MALCOLM JR, MD, John A	Union
MALEK, MD, Mansour	Philadelphia
MALEPATI, MD, Durga	Allegheny
MALETTA, MD, Karen A	Westmoreland
MALEY, MD, Edward D	Lancaster
MALEY, MD, Richard H	Allegheny
MALHOTRA, MD, Narinder K	Allegheny
MALHOTRA, MD, Rajeshwar P	Mifflin/Juni
MALHOTRA, MD, Shashpal	Mifflin/Juni
MALHOTRA, MD, Vijay K	Cambria
MALICK, MD, Donald V	Schuylkill
MALICK, MD, Gerald P	Berks
MALIK, MD, Hussain G	Monroe
MALIK, MD, Khalid M	Armstrong
MALIK, MD, Maqsood A	Schuylkill
MALIK, MD, Rajat P	Jefferson
MALIK, MD, Shakuntala M	Jefferson
MALIN, MD, Thomas H	Dauphin
MALINIAK, MD, Keith K	Dauphin
MALINOWSKI, MD, John A	Allegheny
MALISHAUCKI, MD, Mary G	Schuylkill
MALISHAUCKI, MD, Thomas J	Schuylkill
MALIT, MD, Lee A	Montgomery
MALIT, MD, Paulita Y	Allegheny

MALIVER, MD, Deborah S	Indiana
MALIVER, MD, Leonard E	Indiana
MALJOVEC, MD, Joseph J	Warren
MALKIN, MD, Alan G	Philadelphia
MALKIN, MD, Richard L	Philadelphia
MALL, MD, Albert K	Cambria
MALLIN, MD, Richard K	Montgomery
MALLINGER, MD, Mark L	Allegheny
MALLINGER, MD, Michael	Allegheny
MALLINGER, MD, Samuel H	Beaver
MALLIS, MD, Neil J	Philadelphia
MALLOTT, MD, I Floyd	Allegheny
MALLOW, MD, William O	Montour
MALLOY, MD, Edward L	Allegheny
MALLOY, MD, Edwin S	Lackawanna
MALLOY, MD, Terrence R	Philadelphia
MALLOZZI, DO, Beth A	Chester
MALMUD, MD, Leon S	Philadelphia
MALOLES JR, MD, Orlando Z	Delaware
MALONE, MD, Richard P	Philadelphia
MALONE, MD, William J	Montour
MALONEY, MD, Donald W	Montgomery
MALONEY, MD, Richard W	Erie
MALSCH, MD, Evamarie	Philadelphia
MALUMED, MD, Jeffrey	Delaware
MALVAR, MD, Thomas Q	Lawrence
MALVICA, MD, Robert P	Bradford
MAMA, SAIFUDDIN T	Student
MAMATAS, MD, Emanuel E	Allegheny
MAMOURIAN, MD, Alexander C	Dauphin
MAMROS, MD, Mark A	Washington
MAMULA, MD, Milton	Allegheny
MANACK, MD, Leo M	Allegheny
MANAHAN, MD, Ferdinand J	Lackawanna
MANASSE, MD, Howard S	Erie
MANCALL, MD, Elliott L	Philadelphia
MANCHESTER, MD, George A	Lycoming
MANCIA, MD, Bonita M	Luzerne
MANCINI, MD, Alfred M	Allegheny
MANCINO, MD, Peter J	Lawrence
MANDAL, MD, Sanat K	Philadelphia
MANDALAKAS, MD, Nicholas J	Philadelphia
MANDARINO, MD, Michael J	Philadelphia
MANDEL, MD, Jeffrey M	Chester
MANDEL, MD, Jordan D	Philadelphia
MANDEL, KEITH E	Student
MANDEL, MD, Martin M	Philadelphia
MANDEL, MD, Michael	Luzerne
MANDEL, MD, Robert J	Dauphin
MANDEL, MD, Steven	Philadelphia
MANDELKORN, MD, Robert M	Allegheny
MANDELL, MD, Michael J	Dauphin
MANDELL, MD, Morton S	Philadelphia
MANDERS, MD, Ernest K	Dauphin
MANDETTA, MD, Donald F	Centre
MANDLER, MD, John I	Montgomery
MANFREY, DO, Frank J	Montgomery
MANG, MD, Henry Y	Allegheny
MANGAN, MD, Martin J	Allegheny
MANGAN, MD, Thomas F	Montour
MANGANARO, MD, Kimberly J	Mifflin/Juni
MANGE, KEVIN C	Student
MANGEL, MD, Barry D	Philadelphia
MANGES, MD, John P	Franklin
MANGES, MD, W Bosley	Philadelphia
MANHOFF, MD, Dion T	Philadelphia
MANI, MD, Shobha T	Philadelphia
MANIAR, MD, Mayur C	Lackawanna
MANIFOLD, STEVE G	Student
MANIGLIA, MD, Angelo J	Blair
MANIGLIA, MD, Anthony J	Blair
MANIGLIA, MD, Rosario	Dauphin
MANJON, MD, Jose M	Dauphin
MANKO, MD, Michael A	Montgomery
MANKOVICH, MD, Paul A	Westmoreland
MANLEY, MD, Donelson R	Philadelphia
MANLOVE, MD, Francis R	Philadelphia
MANN, MD, Douglas G	Delaware
MANN, MD, Irving A	Delaware
MANN, MD, Orrin	Beaver
MANN, MD, Richard M	Allegheny
MANN, MD, Robert J	Montgomery
MANN, RONALD M	Student
MANN, THOMAS A	Student
MANNARINO, MD, Anthony P	Luzerne
MANNELLA, JOSEPH J	Student
MANNING, MD, Dennis M	Allegheny
MANNING, MD, Harry L	Lycoming
MANNING, MD, James A	Allegheny
MANNING, MD, Russell G	Jefferson
MANNINO, MD, Stanley C	Allegheny
MANNO JR, MD, Bruno V	Philadelphia
MANOHARAN, ASHA	Student
MANOLUKAS, DO, Peter G	Beaver
MANRIQUE, MD, Jose V	Luzerne
MANSELL, MD, John L	Lawrence
MANSFIELD, MD, Carl M	Philadelphia
MANSTEIN, MD, Carl H	Philadelphia
MANSTEIN, MD, George	Philadelphia
MANSTEIN, MD, Mark E	Philadelphia
MANSURE, MD, Frank T	Delaware
MANTICA, MD, Robert P	Beaver
MANUBAY, MD, Marcelo A	Berks
MANUEL, MD, Eduardo B	Philadelphia
MANUEL, MD, Laureano M	Columbia
MANUS, MD, Nathan	Philadelphia
MANUSOW, MD, David N	Allegheny
MANZ, MD, Donald J	Montgomery
MANZELLA, MD, John P	York
MANZETTI, MD, Gene W	Allegheny
MANZIONE, MD, Marc	Montgomery
MANZO, MD, Thomas L	Montgomery
MANZONE, MD, Timothy A	Delaware
MAPP, MD, Esmond M	Philadelphia
MAQUERA, MD, Andre G	Lehigh
MARAKOWSKI, DO, James J	Perry
MARASCO JR, MD, Joseph A	Allegheny
MARATTA, MD, Jan W	Allegheny
MARAVALLI, MD, Camille J	Cambria
MARBACH, MD, A Herbert	Philadelphia
MARCELLA, MD, Lawrence C	Lawrence
MARCELLA, MD, Stephen W	Luzerne
MARCELO, MD, Flordeliza S	Philadelphia
MARCH, MD, Herman C	Montgomery
MARCH, MD, Juan Alberto	Philadelphia
MARCH, MD, Vicki	Allegheny
MARCHANT SR, MD, Deforrest W	Montgomery
MARCHETTO, MD, Paul A	Philadelphia
MARCHINSKI, MD, Leonard J	Berks
MARCIANO, MD, Mark J	Delaware
MARCINCIN, MD, Robert P	Northampton
MARCONIS, MD, Joseph T	Schuylkill
MARCUCCI, CATHERINE	Student
MARCUCCI, MD, James W	Allegheny
MARCUCCI, LISA	Student
MARCUCCI, MD, Michael C	Philadelphia
MARCUS, MD, Donald J	Chester
MARCUS, MD, Donald K	Philadelphia
MARCUS, MD, Florence L	Allegheny
MARCUS, MD, Gary J	Beaver
MARCUS, MD, Jerome I	Berks
MARCUS VICIUS, MD, Lily S	Philadelphia
MARCY, MD, Joseph H	Allegheny
MARDEN, MD, Philip A	Philadelphia
MARDER, SARA J	Student
MARFATIA, MD, Sudhir K	Bucks
MARFATIA, MD, Usha S	Bucks
MARGARIDA, MD, Leopoldo E	Montgomery
MARGATE, MD, Pedro R	Philadelphia
MARGIE III, MD, Walter E	Bradford
MARGIE JR, MD, Walter E	Northampton
MARGOLES, MD, Louis	Philadelphia
MARGOLIS, MD, Bernard	Philadelphia
MARGOLIS, MD, Bernard M	Dauphin
MARGOLIS, MD, Harry M	Allegheny
MARGOLIS, MD, Richard C	Philadelphia
MARGOLIS, MD, Stephen H	Philadelphia
MARGRAF, MD, John W	Lehigh
MARGUGLIO, DO, A Eugene	Clarion
MARGULIES, CRAIG	Student
MARI-MAYANS, MD, Juan B	Cambria
MARIANI, MD, Stephen S	Lackawanna
MARIANO JR, MD, Benedicto P	Westmoreland
MARIANO JR, MD, Tomas A	Lycoming
MARIGLIO, MD, Joseph A	Berks
MARINARI, MD, Lawrence A	Montgomery
MARINAS, MD, Virgilio R	Northampton
MARINCHAK, MD, Roger A	Philadelphia
MARINELLI, RICCARDO R	Student
MARINER, MD, David R	Luzerne
MARINO, MD, Daniel J	Delaware
MARINO, MD, Joseph N	Lackawanna
MARINO, MD, Ralph	Philadelphia
MARINO JR, MD, Anthony	Philadelphia
MARION, MD, Roy H	Beaver
MARIS, MD, John M	Philadelphia
MARISKANISH, PAUL C	Student
MARK, MD, George E	Philadelphia
MARK, MD, William S	Chester
MARKARIAN, MD, Michael	Susquehanna
MARKIEWICZ, MD, Ann M	Dauphin
MARKLEY, MD, Ralph	Lawrence
MARKMANN, MD, William J	Philadelphia
MARKOFF, MD, Joseph I	Philadelphia
MARKOSI JR, MD, Charles	Monroe
MARKOVITZ, BRUCE J	Student
MARKOW, MD, Harry G	Philadelphia
MARKOWITZ, MD, Hank E	Lawrence
MARKOWITZ, MD, Philip I	Philadelphia
MARKS, DO, Charles H	Clarion
MARKS, MD, Gerald	Philadelphia
MARKS, MD, John H	Philadelphia
MARKS, MD, Kathy A	Philadelphia
MARKS, MD, Meyer A	Philadelphia
MARKS, MD, Stanley M	Allegheny
MARKS, MD, Victor J	Montour
MARKS TABBY, MD, Sara	Philadelphia
MARKSON, MD, Victor I	Beaver
MARLAPUDI, MD, Prem K	Bucks
MARLING, MD, Ray	Allegheny
MARLOWE, MD, Frank I	Philadelphia
MARMAR, MD, Earl C	Philadelphia
MARMO, MD, Theodore	Lackawanna
MARNATTI, MD, Carl T	Allegheny
MARON, MD, John J	Montgomery
MARON, MD, Norman L	Northampton
MARONE, MD, Phillip J	Philadelphia
MAROON, MD, Joseph C	Allegheny
MAROON, MD, Thomas J	Westmoreland
MARQUEZ, MD, Manuel S	Philadelphia
MARQUEZ, MD, Pedro A	Fayette
MARR, KAREN A	Student
MARRANGONI, MD, Albert G	Allegheny
MARRERO, MD, Carlos J	Allegheny
MARRONE, MD, Michael S	Lebanon
MARRYSHOW, MD, Basil A	Allegheny
MARSH, MD, Carol L	Chester
MARSHALL, MD, David S	Schuylkill
MARSHALL, MD, E Wayne	Philadelphia
MARSHALL, MD, Helen L	Schuylkill
MARSHALL, MD, Jack H	Erie
MARSHALL, MD, Jane M	Venango
MARSHALL, MD, John E	Berks
MARSHALL, MD, John S	Beaver
MARSHALL, MD, Wayne K	Dauphin
MARSHALL, MD, William C	Allegheny
MARSHALL JR, MD, Matthew	Allegheny
MARSICO, DO, Dominic E	Delaware
MARSON, MD, Blake M	Philadelphia
MARTE, MD, Egon	Dauphin
MARTELL, MD, M Philip	Philadelphia
MARTELL JR, MD, John R	Mercer
MARTHOUSE, MD, Stephen J	Mifflin/Juni
MARTIG, TRACY L	Student
MARTIN, AMY E	Student
MARTIN, MD, Arthur E	Lancaster
MARTIN, MD, C Edwin	York
MARTIN, MD, David C	Westmoreland
MARTIN, MD, Donald E	Lebanon
MARTIN, DO, Elvin L	Somerset
MARTIN, MD, Frederick H	Lehigh
MARTIN, MD, Fredric W	Allegheny
MARTIN, MD, Gerald B	Cumberland
MARTIN, MD, Horace F	Adams
MARTIN, MD, J Campbell	Columbia
MARTIN, MD, J Scott	Montour
MARTIN, JAMES S	Student
MARTIN, MD, James S	Lancaster
MARTIN, MD, James W	Allegheny
MARTIN, MD, James W	Crawford
MARTIN, JEFFREY A	Student
MARTIN, MD, John H	Philadelphia
MARTIN, MD, Leslie F	Lehigh
MARTIN, MD, Louis F	Dauphin
MARTIN, MD, Manuel T	Allegheny
MARTIN, MD, Martina M	Montgomery
MARTIN, MD, Melanie C	Montgomery
MARTIN, NANCY J	Student
MARTIN, MD, Nicholette M	Philadelphia
MARTIN, MD, Philip G	Cambria
MARTIN, MD, Richard A	Lackawanna
MARTIN, MD, Ronald C	Crawford
MARTIN, MD, Thomas J	Northampton
MARTIN, MD, Thomas J	Montour
MARTIN JR, MD, John A	Montgomery
MARTIN JR, MD, John B	Washington
MARTIN JR, MD, Philip R	Monroe
MARTINA, DO, Peter A	Washington
MARTINELLI, JOSEPH A	Student
MARTINELLI JR, MD, Michael J	Philadelphia
MARTINES, DO, Richard	Bradford
MARTINEZ, MD, Augusto J	Allegheny
MARTINEZ, MD, Diane G	Mercer
MARTINEZ, MD, Irisaida	Philadelphia
MARTINEZ, MD, Jess M	Washington
MARTINEZ, MD, Jorge A	Allegheny
MARTINEZ, MD, Zeferino	Berks
MARTINEZ-RAMOS, MD, Maria A	Northampton
MARTINI, MD, Enrico T	Lancaster
MARTINI, MD, Mary C	Allegheny
MARTINI, MD, Victor S	Erie
MARTINSON, MD, Mark W	Montour
MARTONE, MD, Louis H	Allegheny
MARTSOLF, MD, John	Beaver
MARTSOLF, MD, Robert H	Mercer
MARTUCCI, MD, John J	Monroe
MARTYAK, DO, Gabriel S	Bradford
MARTYAK, MD, Nicholas A	Luzerne
MARTYN, MD, Lois J	Philadelphia
MARTYNEC, MD, Bohdan	Bucks
MARTZ, MD, Mark N	Lehigh
MARVA, MD, Donald J	Philadelphia
MARVI, MD, Davoud	Lehigh
MARVIN, MD, Robert F	Delaware
MARWAHA, MD, Asha	Butler
MARWAHA, SANJAY	Student
MARX, MD, Kenneth W	Berks
MARX, MD, Marvin H	Montgomery
MARYMOR, MD, Neil S	Montgomery
MARYNIAK, MD, Girard M	Berks
MARZEWSKI, MD, David J	Montour
MARZIANO, MICHELE L	Student
MASANKAY, MD, Manuel G	Lackawanna
MASCERI, MD, Stephen J	Philadelphia
MASCHKE, MD, Stuart P	York
MASCIOTRA, MD, Nicholas J	Cambria
MASH, MD, Marlene J	Montgomery
MASH, MD, Michael J	Montgomery
MASIN, MD, F Ned	Allegheny
MASLAND, MD, David S	Cumberland
MASLIN, MD, Stuart J	Bucks
MASLOFF, MD, Melvin L	Philadelphia
MASLOV, MD, Marc D	Venango
MASON, MD, Charles E	Venango
MASON, MD, Daniel	Philadelphia
MASONE, MD, Anthony J	Allegheny
MASSANISO, MD, Frank P	Philadelphia
MASSARI, MD, Ferdinand E	Montgomery
MASSENGALE, MD, Alexander T	Berks
MASSEY, MD, Gordon J	Erie
MASSUCCI, MD, James E	Allegheny
MAST, DO, Daniel D	Bucks
MAST, MD, Truman E	Lancaster
MASTANDREA, MD, Carl A	Allegheny
MASTELLER, MD, Mark H	Erie
MASTERS, MD, Raymond E	Allegheny
MASTERS, MD, Ruth S	Allegheny
MASTERS, DO, Thomas R	Erie
MASTRIAN, MD, Anthony S	Lawrence
MASTRINE, MD, Larry R	Cambria
MASTROIANNI, MD, Luigi	Philadelphia
MASUCCI, MD, Douglas J	York
MATARESE, MD, Emil L	Bucks
MATEER, MD, Frank	Allegheny
MATEER, MD, John E	Centre
MATEER JR, MD, Harry O	Schuylkill
MATHAI, MD, John	York
MATHENY, JEFFREY M	Student
MATHEW, MD, Anna	Allegheny
MATHEW, MD, Suja	Philadelphia
MATHEWS, DO, James C	Butler
MATHEWS, MD, Robert A	Philadelphia
MATHEWS, MD, Robert S	Lancaster
MATHEWS JR, MD, Neilson M	Montgomery
MATHIS, MD, James G	Berks
MATHIS, MD, Jerry L	Blair
MATHOS, DO, Julia T	Allegheny
MATHOS, DO, Thor C	Allegheny
MATHUR, MD, Ajay K	Allegheny
MATHUR, MD, Dinesh P	Cambria
MATHUR, MD, Kailash	Schuylkill
MATLACK, MD, Eileen O	Bucks
MATLIN, DO, Emily W	Dauphin
MATLIN, MD, Robert A	Lancaster
MATRAGRANO, MD, Andrew P	Montour
MATSKO, MD, Jane R	Berks
MATSKO, MD, Janine A	Philadelphia
MATSKO, MD, Michael E	Luzerne
MATSKO, DO, Robert P	Perry
MATSUMOTO, MD, Teruo	Philadelphia
MATSUURA, DEAN H	Student
MATTA, MD, Isaac I	Bradford
MATTA, MD, Shoukry	Lawrence
MATTAS, MD, Oliver E	Blair
MATTEI, MD, Frank A	Philadelphia
MATTEUCCI, MD, Walter V	Philadelphia
MATTHAI JR, MD, William H	Berks
MATTHEWS, MD, George R	Berks
MATTHEWS, MD, Warren B	Montgomery
MATTHEWS JR, MD, Ted A	Westmoreland
MATTIACE, MD, William J	Lycoming
MATTIS, MD, Anthony	Erie
MATTLEMAN, DO, Joel H	Lancaster
MATTLEMAN, MD, Steven J	Philadelphia
MATTOX, SCOTT G	Student
MATTSON, MD, Ronald J	Montgomery
MATULEWSKI, MD, Thomas J	Delaware
MATUNIS, MD, Joseph J	Perry
MATUS, MD, Nancy R	Northampton
MATZELLE, MD, Donald W	Franklin
MAURER, MD, Carol N	Venango
MAURIELLO, DO, Charles A	Philadelphia
MAURO, MD, Kirk J	Allegheny
MAUS, MD, Marlon T	Philadelphia
MAUST, MD, Paul E	Butler
MAUTHE, MD, Robert W	Northampton
MAX, MD, Martin H	Cambria
MAXIAN, DO, Joseph A	Bucks
MAXIN, MD, Charles W	Centre
MAXWELL, MD, Beth A	Westmoreland
MAXWELL, MD, Doris B	Westmoreland
MAXWELL, MD, Emilie L	Montgomery
MAXWELL, DO, Steven L	Dauphin
MAXWELL JR, MD, Henry L	Adams
MAXWELL JR, MD, Robert A	Montgomery
MAY, MD, John C	Lancaster
MAY, MD, Mark M	Allegheny
MAY, MD, Robert E	Philadelphia
MAY JR, MD, Kenneth J	Dauphin
MAYBERRY, DO, Joseph J	Lancaster
MAYDAK, DO, John H	Schuylkill
MAYER, MD, Bernard W	Montgomery
MAYER, MD, David P	Philadelphia
MAYER, MD, Eugene M	Philadelphia
MAYER, MD, Henry S	Montgomery
MAYER, MD, Nathaniel H	Philadelphia
MAYER, MD, Robert A	Chester
MAYERNIK, MD, David G	Allegheny
MAYERS JR, MD, Stanley P	Centre
MAYES, MD, Richard L	Montgomery
MAYHEW, MD, J Morgan	Westmoreland
MAYLATH, CRAIG F	Student
MAYLOCK, CAROLINE A	Student
MAYLOCK, MD, John H	Bedford
MAYLOCK, JOHN V	Student
MAYO, LMD, Edith A	Delaware
MAYOCK, MD, Robert L	Philadelphia
MAYRO, MD, Julian	Philadelphia
MAYS, MD, Richard R	Lycoming
MAZAHERI, MD, Ahmed	Bucks
MAZDA, DO, Russell F	Lancaster
MAZER, MD, Howard	Philadelphia
MAZER, MD, Julius	Allegheny
MAZERO, MD, John R	Westmoreland
MAZICH, MD, Theresa E	Bucks
MAZLIN, MD, Steven E	Bucks
MAZUR, DONALD W	Student
MAZUZ, MD, Meir	Berks
MAZZA, MD, Joseph L	Allegheny
MAZZA, MD, Patrick A	Berks
MAZZACCO, STACEY L	Student
MAZZEI, MD, Jill M	Philadelphia
MAZZEI, MD, Joseph M	Allegheny
MAZZIOTTI, MARK V	Student
MCADAMS, MD, Andrew J	Allegheny
MCADAMS, PAUL D	Student
MCAFEE, MD, Steven L	Allegheny

MCAFOOS, MD, Gary L	Warren
MCAFOOS, MD, J Allen	Allegheny
MCALEER, MD, David J	Delaware
MCALLISTER, MD, Helen B	Philadelphia
MCALLISTER, MD, John D	Allegheny
MCALLISTER, MD, Meada J	Dauphin
MCALLISTER II, MD, John D	Allegheny
MCALOOSE, MD, Louis T	Luzerne
MCANDREW, MD, John J	Lackawanna
MCANDREW, DO, Patrick J	Lackawanna
MCANDREW, MD, Paul C	Lackawanna
MCARDLE, MD, David Q	Cambria
MCARDLE, MD, Gilbert C	Adams
MCARDLE, MD, M Jacquelyn	Adams
MCAULIFFE, MD, Thomas C	Philadelphia
MCAVOY, MD, William B	Allegheny
MCBETH JR, MD, Orville G	Adams
MCBRIDE, MD, James G	Northampton
MCBRIDE, MD, Thomas J	Delaware
MCBRIDE, MD, Timothy P	Allegheny
MCCABE, MD, James L	Montgomery
MCCABE, MD, John S	Washington
MCCADDEN, MD, Joseph A	Delaware
MCCAFFERTY, MD, John P	Philadelphia
MCCAFFERTY, MD, Michael H	Allegheny
MCCAGUE, MD, Ned J	Allegheny
MCCAHAN, MD, Wesley F	Bedford
MCCAIRNS, MD, Robert G	Philadelphia
MCCALL, MD, William M	Dauphin
MCCANDLESS, MD, David P	Venango
MCCANDLESS, MD, Warren J	Venango
MCCANN, DO, James E	Beaver
MCCANN, MD, William D	Lancaster
MCCARRELL, MD, John K	Washington
MCCARROLL-LINDSEY, MD, Darrolyn M	Erie
MCCARRON, MD, Daniel J	Philadelphia
MCCARTER, MD, Pamela F Y	Mifflin/Juni
MCCARTER JR, THOMAS G	Student
MCCARTHY, DO, Matthew T	Erie
MCCARTHY III, MD, John J	Allegheny
MCCARTHY JR, MD, John J	Allegheny
MCCARTNEY, MD, Lester D	Erie
MCCARTNEY, MD, Ronald L	Erie
MCCAULEY, MD, Francis P	Philadelphia
MCCAULEY, MD, William C	Lycoming
MCCAUSLAND, MD, Paul J	Delaware
MCCENSKY, MD, Gail M	Allegheny
MCCHESNEY JR, MD, Charles T	Chester
MCCLAIN, MD, Charles B	Mifflin/Juni
MCCLAIN JR, MD, Edward J	Allegheny
MCCLELLAN, MD, R Michael	Delaware
MCCLENAHAN, MD, J Everett	Allegheny
MCCLENATHAN, MD, James E	Adams
MCCLINTIC, DO, William R	Bradford
MCCLINTOCK, MD, W Creighton	Allegheny
MCCLOSKEY, MD, David S	Philadelphia
MCCLOSKEY, MD, Richard C	Allegheny
MCCLOSKEY, MD, Richard V	Philadelphia
MCCLOSKEY, MD, Sister Ann M	Delaware
MCCLOSKEY, DO, Timothy J	Lycoming
MCCLOWRY, MD, James T	Allegheny
MCCLOY, MD, Merritt J	Westmoreland
MCCLUNG, MD, Larry S	Westmoreland
MCCLURE, MD, Jonathan K	Beaver
MCCLURE, MD, Thomas D	Westmoreland
MCCLURKEN, MD, James B	Montgomery
MCCLUSKY, MD, Robert C	Venango
MCCOLLUM, MD, George R	Allegheny
MCCOMBS, MD, Elaine M	Montgomery
MCCOMBS, MD, Peter R	Montgomery
MCCOMBS, MD, Ray D	Erie
MCCONAGHY, MD, John R	Allegheny
MCCONAHY, MD, John G	Lawrence
MCCONNEL JR, MD, Charles S	Lehigh
MCCONNELL, BRIAN A	Student
MCCONNELL JR, MD, Edward L	Philadelphia
MCCONVILLE, MD, John H	York
MCCORD, MD, James A	Montgomery
MCCORMICK, DO, Alice	Wayne/Pike
MCCORMICK, DO, Daniel J	Philadelphia
MCCORMICK, MD, George M	Centre
MCCORMICK, MD, John L	Philadelphia
MCCORMICK, MD, John V	Montour
MCCORMICK, MD, Kathryn J	Delaware
MCCORMICK, MD, Lee H	Allegheny
MCCORMICK, DO, Richard C	Lycoming
MCCOY, MD, Andrea C S	Dauphin
MCCOY, MD, Robert L	Northampton
MCCOY, MD, Thomas D	Indiana
MCCOY III, MD, William H	Allegheny
MCCOY JR, MD, George W	Northampton
MCCRAE, MD, Charles R	Berks
MCCRAE, MD, Marcia G	Berks
MCCREARY III, MD, Thomas W	Beaver
MCCULLOUGH JR, MD, James L	Lehigh
MCCUNE, MD, Ann B	Allegheny
MCCUNE, MD, Wallace G	Philadelphia
MCCURDY, MD, Dino E P	Philadelphia
MCCURDY, MD, Layton	Philadelphia
MCCURDY, MD, Richard R	Delaware
MCCUSKER, MD, Francis X	Montgomery
MCCUSKEY, MD, William H	Allegheny
MCDERMIT, MD, John R	Philadelphia
MCDERMOTT, MD, Robert W	Cumberland
MCDERMOTT, MD, Robert W	Allegheny
MCDERMOTT JR, MD, Harry M	Centre
MCDONALD, MD, David R	Allegheny
MCDONALD, MD, Donald J	Philadelphia
MCDONALD, MD, Herbert M	Lackawanna
MCDONALD, MD, Kenneth M	Lehigh
MCDONALD, MD, Marilyn R	Northampton
MCDONALD JR, DO, James F	Philadelphia
MCDONALD JR, MD, Robert H	Allegheny
MCDONALD JR, MD, Thomas J	Bradford
MCDONNELL, MD, Thomas J	Lackawanna
MCDONNELL-DATTILO, MD, Colleen	Allegheny
MCDONOUGH, MD, Gerard A	Lehigh
MCDOUGALL, MD, William A	Allegheny
MCDOWELL, MD, Edward P	Indiana
MCDOWELL, MD, Mary J	Allegheny
MCDOWELL, MD, Richard M	Cambria
MCDOWELL, DO, William G	Mercer
MCELREE, MD, James C	Mercer
MCELREE JR, MD, Frank E	Mercer
MCELROY, MD, Philip K	Montgomery
MCFADDEN, MD, Debra R	Westmoreland
MCFARLAND, MD, James J	Luzerne
MCFARLAND, MD, Malcolm D	Philadelphia
MCGANNON, MD, Patrick K	York
MCGARR, MD, Janet A	Allegheny
MCGARRITY, MD, Susan J	Lebanon
MCGARRY, MD, Thomas E	Bucks
MCGARRY, MD, Thomas F	Delaware
MCGARVEY, MD, Joseph F	Bucks
MCGARVEY, MD, Richard N	Allegheny
MCGAVIC, MD, John S	Montgomery
MCGEADY, MD, Stephen J	Philadelphia
MCGEARY, MD, Lester E	Westmoreland
MCGEE, DALE L	Student
MCGEE, DO, Douglas L	Philadelphia
MCGEE, MD, Elizabeth L	Montgomery
MCGEE, MD, Michael J	Lancaster
MCGEE JR, MD, Joseph P	Delaware
MCGEEHAN, ANN M	Student
MCGEEHAN, MD, John F	Lackawanna
MCGEEHAN, MD, John T	Chester
MCGEEHAN, MD, Paul A	Erie
MCGEEHIN, MD, William H	Delaware
MCGEHEE, MD, Edward H	Philadelphia
MCGEORGE, MD, Francis R	Allegheny
MCGHEE, MD, James C	Cumberland
MCGIBNEY, KEVIN J	Student
MCGILL, MD, Charles W	Montour
MCGILL, MD, Herman I	Philadelphia
MCGILL, MD, Regina B	Dauphin
MCGINLEY, MD, George W	Lehigh
MCGINLEY, MD, Mary R	Montgomery
MCGINLEY JR, THOMAS C	Student
MCGINNIS, MD, Andrew W	Delaware
MCGINNISS, MD, Kathleen W	Bucks
MCGINNITY, DO, Harry D	Lycoming
MCGLAUGHLIN, SHAWN P	Student
MCGLUMPHY, MD, Thomas H	Montgomery
MCGLYNN JR, MD, Thomas J	Dauphin
MCGONIGAL, MD, Michael P	Allegheny
MCGORRIAN, MD, Grace M	Allegheny
MCGOWAN, MD, William E	Delaware
MCGRANE, MD, Maria K	Luzerne
MCGRATH, MD, Edmund W	Luzerne
MCGRATH, MD, Joseph M	Dauphin
MCGRATH, KEVIN M	Student
MCGRATH, DO, Robert C	Westmoreland
MCGRATH, THOMAS J	Student
MCGRATH, DO, William J	Westmoreland
MCGRAW, MD, Donald J	Allegheny
MCGRAW, MD, Thomas E	Philadelphia
MCGRAW JR, MD, John J	Bucks
MCGREEVEY, MD, John R	Philadelphia
MCGROGAN, MD, Frank P	Westmoreland
MCGRUDER, MD, Ewart G	Philadelphia
MCGUFFIN II, MD, Thomas V	Crawford
MCGUINN, MD, William J	York
MCGUIRE, BRENDAN M	Student
MCGUIRE, MD, Francis E	Beaver
MCGUIRE, MD, James J	Northampton
MCGUIRE, MD, Richard J	Centre
MCGUIRE, MD, Sean P	Allegheny
MCGUIRE, MD, Thomas E	Erie
MCGUIRT JR, MD, William F	Allegheny
MCHALE, MD, James F	Franklin
MCHATTIE, MD, Thomas J	Montour
MCHENRY, MD, D J	York
MCHENRY, MD, Thomas	Allegheny
MCHUGH, MD, Elmer F	Allegheny
MCHUGH, MD, Mary P	Philadelphia
MCHUGH, MD, Regis W	Westmoreland
MCHUGH, MD, Richard D	Allegheny
MCILVAINE, MD, Paul W	Bucks
MCINROY, BRIAN D	Student
MCINROY, MD, Robert D	Dauphin
MCISAAC III, MD, Joseph H	Philadelphia
MCJUNKIN, MD, Cheryl L	Erie
MCKEATING, MD, Philip J	Allegheny
MCKEE, MD, Michael B	Lancaster
MCKEE, MD, Robert E	Butler
MCKEE, MD, Roderick S	Philadelphia
MCKEE, MD, Wayne O	Somerset
MCKEIGHAN, EXEC DIR, David	Delaware
MCKEITH, JAMES J	Student
MCKENNA, MD, James P	Beaver
MCKENNA, MD, Marc W	Montgomery
MCKENNA, SCOT R	Student
MCKENNA, MD, Thomas J	Cambria
MCKENNA III, DO, James J	Lackawanna
MCKENNA JR, MD, Ernest L	Montgomery
MCKENZIE, HARRY J	Student
MCKENZIE, MD, James G	Franklin
MCKENZIE, MD, Ray	Allegheny
MCKEOWN, MD, Henry G	Clinton
MCKEOWN JR, MD, John J	Philadelphia
MCKINLEY, MD, David F	Montour
MCKINLEY, MD, Donald R	Cambria
MCKINLEY, MD, Erin A	Venango
MCKINLEY, MD, Richard G	Cambria
MCKINLEY, MD, Wayne S	Jefferson
MCKINLEY, MD, William M	Clarion
MCKINNEY, MD, Henry D	Blair
MCKNIGHT, CRAIG E	Student
MCKNIGHT, MD, Lancess	Delaware
MCKRISKY, MD, Paula J	Philadelphia
MCLAMB, MD, James R	Crawford
MCLANE, MD, Rogers D	Clearfield
MCLAUGHLIN, MD, Edward	Delaware
MCLAUGHLIN, MD, Edward D	Philadelphia
MCLAUGHLIN, MD, Frank W	Lancaster
MCLAUGHLIN, MD, George E	Philadelphia
MCLAUGHLIN, MD, James T	Allegheny
MCLAUGHLIN, DO, John P	Dauphin
MCLAUGHLIN, JOSEPH D	Student
MCLAUGHLIN, ROBERT H	Student
MCLAUGHLIN, MD, Thomas W	Schuylkill
MCLAUGHLIN, MD, William B	Allegheny
MCLEAN, MD, Gordon K	Allegheny
MCLEAN, MD, James J	Berks
MCLELLAN JR, MD, Thomas G	Fayette
MCLEOD, MD, Roderick R	Lackawanna
MCLIN, MD, Leon N	York
MCMAHAN, MD, Joseph N	Washington
MCMAHON, MD, Samuel M	Northampton
MCMAHON JR, MD, Joseph F	Northampton
MCMASTER, MD, Gilbert B	Washington
MCMASTER, MD, James H	Allegheny
MCMILLAN, MD, Deborah M	York
MCMILLAN, MD, Donald L	Allegheny
MCMILLAN, MD, James E	Allegheny
MCMILLAN, MD, William B	Allegheny
MCMILLEN, MD, James I	Dauphin
MCMONAGLE, MD, Carey L	Fayette
MCMONIGAL, RICHARD S	Student
MCMURRY, MD, Fred G	Montour
MCMURTY, MD, Paula J	Philadelphia
MCNABB, MD, Daniel M	Lackawanna
MCNALL, MD, Pearl G	Allegheny
MCNAMARA, MD, J Arch	Philadelphia
MCNAMARA, DO, Thomas W	Beaver
MCNAMEE SR, MD, William B	Delaware
MCNAUGHER, MD, William M	Allegheny
MCNEAL, MD, Samuel W	Lancaster
MCNEELY, MD, Bonnie L	Cambria
MCNEIL, MD, Peter E	Northmbrland
MCNEIL-JACOBI, MD, Athole G	Philadelphia
MCNEILL, MD, Donald B	Erie
MCNELLIS, MD, Donald R	Northampton
MCNERNEY, DO, Robert A	Butler
MCNESBY, FRANCIS X	Student
MCNETT, MD, Dale L	Warren
MCNICHOLAS, MD, Kathleen W	Philadelphia
MCNULTY, MD, Barbara M	Allegheny
MCNULTY, MD, Larry P	Allegheny
MCNULTY, MD, Timothy P	Allegheny
MCNUTT, MD, Frank H	Armstrong
MCPEAK, MD, Vincent J	Philadelphia
MCSORLEY, MD, John	Allegheny
MCSORLEY, MD, Maryann Bidi	Philadelphia
MCTAMMANY, MD, J Robert	Berks
MCVAY, MD, Edward J	Allegheny
MCVAY, MD, William J	Allegheny
MCWHIRTER, MD, William R	Mercer
MCWILLIAMS, MD, Fred D	Westmoreland
MEADE, THERESA A	Student
MEADE, MD, Thomas D	Lehigh
MEADOWCROFT, MD, James A	Montgomery
MEALS, MD, Margaret	Allegheny
MEANOR JR, MD, Harold H	Allegheny
MEARS, DO, Cynthia J	Delaware
MEARS, MD, Dana C	Allegheny
MEARS, MD, Elmer E	Bucks
MEARS, MD, Virginia G	Lancaster
MEASLEY, MD, Robert E	Philadelphia
MEBANE, MD, Tom S	Centre
MEBANE III, MD, Tom S	Centre
MECCA, MD, Donato D	Lackawanna
MECCA, MD, John J	Lehigh
MECHANICK, MD, Philip G	Philadelphia
MECS, MD, Sandor	Allegheny
MEDDEN, MD, Edwin J	Mckean
MEDICH, MD, George F	Beaver
MEDINA, MD, Rodrigo D	Carbon
MEDINA, MD, Roldan G	Fayette
MEDINGER, MD, Fred G	Philadelphia
MEDLEN, MD, Rudolph E	Fayette
MEDLOCK, MD, James B	Lawrence
MEDWAY, MD, Marc J	Montgomery
MEDWICK, DO, Denise M M	Allegheny
MEDWICK, DO, Gerald R	Allegheny
MEEHAN, MD, John J	Philadelphia
MEERAN, MD, M Mohamed	Schuylkill
MEGALVDIS, MD, Alexis M	Allegheny
MEHALICK, DO, Pamela G	Philadelphia
MEHARG JR, MD, John G	Berks
MEHDI, MD, Iftikhar J	Dauphin
MEHOK, MD, Ronald G	Allegheny
MEHROK, HARPAUL S	Student
MEHTA, MD, Bharat K	Northampton
MEHTA, MD, Harshad	Allegheny
MEHTA, MD, Niharika D	Columbia
MEHTA, MD, Pankaj	Lycoming
MEHTA, RAKESH P	Student
MEHTA, SANJAY M	Student
MEHTA, MD, Sunil K	Mercer
MEHTA, MD, Varsha J	Butler
MEHTA, MD, Yogin P	Mifflin/Juni
MEHTA, MD, Yogini R	Allegheny
MEIKLE, MD, Charles E	Bradford
MEIKLE, MD, George C	Bradford
MEINDL, MD, George T	Washington
MEISLER, MD, Jeanne	Philadelphia
MEISNER, MD, Dennis J	Allegheny
MEISTER, MD, Donald G	Allegheny
MELADA, MD, Gary A	Allegheny
MELAMED, MD, Brian R	Lancaster
MELANI, MD, Kenneth R	Allegheny
MELDRUM, MD, Robert W	Columbia
MELICK, MD, Judith E	Philadelphia
MELIN, MD, Jeffrey M	Philadelphia
MELLEN, MD, Arthur W	Philadelphia
MELLENCAMP, MD, Eric J	Lycoming
MELLINGER, MD, Anne K	Cumberland
MELLINGER, MD, Richard W	Lancaster
MELLON, MD, Robert	Berks
MELLON JR, MD, Lawrence J	Delaware
MELLOTT, JONEL M	Student
MELMAN, MD, Jay E	Lehigh
MELNICK, MD, Howard B	Lebanon
MELNICK, MD, Joseph L	Philadelphia
MELNICK, MD, Sandy D	Philadelphia
MELOTTI, MD, Peter M	Allegheny
MELOY, MD, Thomas R	Huntingdon
MELTZER, MD, David	Montgomery
MEMON, MD, Mohammad K	Westmoreland
MENA, MD, Lilia D	Montgomery
MENACHE, MD, Michael P	Berks
MENACK, MD, Michael J	Montgomery
MENACKER, MD, Sheryl J	Bucks
MENAPACE JR, MD, Francis J	Montour
MENCHEY, MD, Milton J	York
MENCIA, MD, Pedro R	Wayne/Pike
MENDEL, MD, Kenneth D	Delaware
MENDELL, MD, Theodore H	Philadelphia
MENDELOW, MD, Harvey	Allegheny
MENDELSOHN, MD, Eugene	Berks
MENDELSON, MD, Ellen B	Allegheny
MENDELSON, MD, Myer	Philadelphia
MENDELSON, MD, S Robert	Allegheny
MENDELSSOHN, MD, Edwin	Philadelphia
MENDELSSOHN, MD, Saul	Luzerne
MENDES, MD, Michael W	Montour
MENDIOLA, MD, Carmelo C	Northampton
MENEELY, MD, Alfred W	Dauphin
MENGEL, MD, Charles L	Lehigh
MENGEL, MD, Roger G	Berks
MENGES JR, MD, Job F	Berks
MENICHINO, MD, Anthony J	Berks
MENICK, MD, Barry J	Philadelphia
MENIN, MD, Richard A	Philadelphia
MENIN, MD, William	Philadelphia
MENIO, MD, John N	Luzerne
MENKOWITZ, MD, Bruce J	Montgomery
MENKOWITZ, MD, Elliot	Montgomery
MENNA, MD, Vincent J	Bucks
MENNELL, MD, John M	Philadelphia
MENON, MD, Venu G	Philadelphia
MENON, MD, Vikram G	Luzerne
MENTYKA, MD, Robert A	Centre
MENZEL, CHRISTINE L	Student
MENZEL, MD, Paul H	Lackawanna
MENZIES JR, MD, William C	Mercer
MENZIN, MD, Andrew W	Philadelphia
MERCADO, MD, Modesto G	Lehigh
MERCED, MD, Jorge M	Venango
MERCIER, MD, Edward E	Erie
MERCOGLIANO, MD, Giancarlo	Montgomery
MERCURIO, MD, Richard A	Armstrong
MERCURIO, MD, Teresa	Berks
MERCURO, MD, T John	Berks
MERENSTEIN, MD, Joel H	Allegheny
MERESCHAK, MD, Volmar A	Northampton
MERING, MD, Thomas W	Greene
MERING JR, MD, James H	Allegheny
MERION, MD, Judith A	Philadelphia
MERITZ, DO, Mary R	Philadelphia
MERKEL, MD, Ira Samuel	Allegheny
MERKIN, MD, Alvin	Philadelphia
MERKLE, MD, Larry N	Lehigh
MERLIN, MD, Albert A	Philadelphia
MERLO, DO, Francis A	Wayne/Pike
MERMELSTEIN, MD, Howard A	Allegheny
MEROLA, MD, Joseph C L	Northampton
MEROPOL, MD, Sharon B	Montgomery
MERRIMAN, MD, W Clair	Beaver
MERSKI, MD, Anthony T	Erie
MERSKY, MD, Martin R	Philadelphia
MERSKY, MD, Steven A	Philadelphia
MERSON, MD, Erich R	Chester
MERZI, MD, Allen J	Washington
MESCHTER, MD, Steven C	Montour
MESETE, MD, A Francis	Delaware
MESHKOV, MD, Arnold B	Philadelphia
MESMER, MD, Sharon C	Montgomery
MESSA, MD, Jacqueline B	Philadelphia
MESSMER, MD, John J	Lebanon
MESSNER, MD, Jean T	Dauphin

MESSNER, MD, Kenneth H Lancaster
MESSORI, MD, Divo A Philadelphia
META, MD, Louis D Allegheny
METCALF, MD, Randy K Philadelphia
METHRATTA, MD, Sosamma T Philadelphia
METKUS, MD, Francis M Bucks
METZ, MD, Walter A R Allegheny
METZGAR, MD, Thomas I Monroe
METZGER, MD, Paul C Lackawanna
MEUSBURGER, MD, Charles E Philadelphia
MEUSER, MD, Robert M Allegheny
MEXTORF, DO, Thomas M Lycoming
MEYER, MD, Allen E Delaware
MEYER, DANIEL K Student
MEYER, MD, David G Westmoreland
MEYER, MD, Kenneth K Bradford
MEYER, MD, Mark A Philadelphia
MEYER, MD, Susan Blair Philadelphia
MEYERS, MD, John L Berks
MEYERS, MD, Julie E Allegheny
MEYERS, MD, Karl R Philadelphia
MEYERS, MD, Paul T Cambria
MEYERS, MD, Robert W Philadelphia
MEZEY, MD, Alan L Philadelphia
MEZZANOTTE, MD, John J Philadelphia
MIAN, HAMAYUN S Student
MIANO, MD, Lidia Beaver
MIASKIEWICZ, MD, Stasia L Dauphin
MIAZZO, MD, Pietro Philadelphia
MICAILY, MD, Bizhan Philadelphia
MICHAEL, MD, Andrew J Philadelphia
MICHAEL, MD, Dwight I Adams
MICHAEL, MD, Gary E Lehigh
MICHAEL, MD, Joseph T Allegheny
MICHAEL, MD, Thomas P Beaver
MICHAELS, MD, Bernard I Allegheny
MICHAELS, MD, Mike Delaware
MICHAELS, MD, Milton M Allegheny
MICHAELS, MD, Robert M Bradford
MICHAELSON, MD, Carolyn Z Philadelphia
MICHAELSON, MD, Janet M Montgomery
MICHAELSON, MD, Robert I Montgomery
MICHAELSON, MD, Thomas C Chester
MICHALAK, MD, Dennis M W Bradford
MICHALAK, MD, William A Luzerne
MICHALEK, MD, Maria Dauphin
MICHALS, MD, Timothy J Philadelphia
MICHAUD, MD, Joseph E Cambria
MICHEEL, STACIE A Student
MICHEL, MD, Elliot M Allegheny
MICHEL, MD, John P Beaver
MICHELSTEIN, MD, Richard D Luzerne
MICHIE, MD, Alexander J Monroe
MICKLE, DO, Rick Philadelphia
MIDDLEMAN, MD, Rose R Allegheny
MIDDLETON, MD, Donald B Allegheny
MIDDLETON, MD, Robert J Columbia
MIDMORE, MD, John S Lycoming
MIELCAREK JR, MD, Leon M Delaware
MIELE, MD, Gerald B Luzerne
MIEWALD, MD, Bruce K Allegheny
MIGLIARINO, LUCIANO Student
MIGLIORE, MD, Joseph J Lycoming
MIHELIC, MD, Nicholas E Huntingdon
MIKAELIAN, MD, Diran O Philadelphia
MIKAYA, MD, Martin L Bradford
MIKELBERG, MD, Rose R Philadelphia
MIKELONIS, MD, Robert J Centre
MIKESELL, MD, Jerry F Centre
MIKETIC, MD, Linda M Allegheny
MIKITA, MD, John J Allegheny
MIKLOS, MD, Bernard G Allegheny
MIKLOS, MD, Michael V Allegheny
MIKNEVICH, MD, Maryann Allegheny
MIKOWSKI, MD, I Edmund Philadelphia
MIKULLA, MD, John M Allegheny
MIKUTA, MD, John J Philadelphia
MILAI JR, MD, Ahmed S Allegheny
MILANI, MD, Frank A Lackawanna
MILAZZO, MD, John V Bucks
MILCHAK, MD, Mark A Allegheny
MILDER, MD, James E Cambria
MILES, DO, G Bruce Northampton
MILEWSKI, FRANCIS J Student
MILEWSKI, MD, Leonard F Delaware
MILICH, MD, Zarko D Monroe
MILICIA, MD, Anthony P Philadelphia
MILKE, MD, Denis J Dauphin
MILKS, MD, Carl J Wayne/Pike
MILLER, MD, Alan M Montgomery
MILLER, MD, Allen C Philadelphia
MILLER, MD, Ann C Montgomery
MILLER, MD, Bernard J Philadelphia
MILLER, MD, Brian A Bucks
MILLER, MD, C Eugene Lancaster
MILLER, MD, C Joseph Philadelphia
MILLER, MD, Carl S Lebanon
MILLER, MD, Charles F Chester
MILLER, DO, Charles H Mercer
MILLER, MD, Claude J Lebanon
MILLER, MD, Curt D Delaware
MILLER, MD, Cynthia L Philadelphia
MILLER, MD, D Scott Allegheny
MILLER, MD, David Philadelphia
MILLER, MD, David H Bucks
MILLER, MD, David L Clarion
MILLER, MD, David L Allegheny
MILLER, MD, David M Philadelphia
MILLER, MD, David S Huntingdon
MILLER, MD, Donald S Montgomery
MILLER, MD, Earl R Lycoming
MILLER, MD, Edward B Allegheny
MILLER, MD, Edward J Carbon
MILLER, MD, Francine J Philadelphia
MILLER, MD, Frank L Montgomery
MILLER, MD, Frederick A Allegheny
MILLER, MD, G Geoffrey Luzerne
MILLER, MD, Gerald E Lancaster
MILLER, MD, Gerard A Delaware
MILLER, MD, Gladys M Philadelphia
MILLER, MD, Glenn D Philadelphia
MILLER, MD, Harry I Allegheny
MILLER, HELENE A Student
MILLER, MD, Herbert D Allegheny
MILLER, MD, Herman Delaware
MILLER, MD, Howard A Philadelphia
MILLER, MD, Howard J Potter
MILLER, DO, James C Dauphin
MILLER, MD, James M Susquehanna
MILLER, MD, James R York
MILLER, MD, Jay B Berks
MILLER, MD, Jeffrey L Philadelphia
MILLER, DO, Jeri L Philadelphia
MILLER, MD, Jerome Philadelphia
MILLER, DO, Jerome Philadelphia
MILLER, MD, John L Mercer
MILLER, MD, Joseph A Lehigh
MILLER, MD, Joseph J Franklin
MILLER, KELLY A Student
MILLER, MD, Kelly P Dauphin
MILLER, MD, Kerry D Lehigh
MILLER, MD, Lawrence S Philadelphia
MILLER, MD, Lee C Dauphin
MILLER, MD, Lee H Bucks
MILLER, MD, Leon Montgomery
MILLER, MD, Leonard D Philadelphia
MILLER, DO, Lois M Montour
MILLER, MARK A Student
MILLER, MD, Michael B Philadelphia
MILLER, MD, Michael D Allegheny
MILLER, MD, Morris Philadelphia
MILLER, MD, O Fred Montour
MILLER, PAMELA M Student
MILLER, MD, Parry J Lancaster
MILLER, MD, Ralph J Indiana
MILLER, RANDY B Student
MILLER, MD, Richard E Schuylkill
MILLER, MD, Robert H Montgomery
MILLER, MD, Roland E Erie
MILLER, MD, Stanley J Philadelphia
MILLER, MD, Stephen J Allegheny
MILLER, MD, Thomas J Montgomery
MILLER, MD, Warren A Northampton
MILLER, MD, William B Allegheny
MILLER, MD, William H Allegheny
MILLER II, MD, George C Union
MILLER II, MD, Tom R Erie
MILLER JR, MD, Clarence M Allegheny
MILLER JR, MD, John W Lancaster
MILLER JR, MD, William B Dauphin
MILLER-BOUDREAU, MD, Karen L Philadelphia
MILLIGAN, MD, Robert S Allegheny
MILLINER, MD, David H Delaware
MILLMAN, DARLENE W Student
MILLS, JASON C Student
MILLS, MD, John W Indiana
MILLS, MD, M Duane Dauphin
MILLS, MD, William L Bucks
MILLS, EXEC SEC, Caroline Beaver
MILLWARD JR, CARL L Student
MILON, MD, Charles F Philadelphia
MILROTH, MD, William L Franklin
MILSTEEN, MD, Scott A Dauphin
MILSTEIN, MD, Harold J Luzerne
MILSTEIN, MD, Seymour W Delaware
MILTON, AMI C Student
MILTON, MD, Walter J Philadelphia
MIN, MD, Henry M Elk/Cameron
MIN, MD, Jung T Beaver
MIN, MD, Tae C Beaver
MINARD, MD, William D Montgomery
MINEHART, MD, Charles R Berks
MINEHART, MD, John R Philadelphia
MINELLA, MD, Ricci A Allegheny
MINEO, MD, Cyrus L Chester
MINERVA, MD, Felicisima B Philadelphia
MINERVA, MD, Justin G Montgomery
MINES, MD, Samuel C Allegheny
MINIELLY, MD, Richard W Bradford
MINK, KENNETH R Student
MINN, MD, Fredrick L Montgomery
MINNICH, MD, Marie E Montour
MINNICH, MD, Philip H York
MINNICH, MD, Stephen J Montour
MINNICK, KATHLEEN E Student
MINNO, MD, Alexander M Allegheny
MINO, MD, David E Bucks
MINO, MD, Robert D Montgomery
MINORA, MD, Michael A Lackawanna
MINORA, MD, Thomas L Lackawanna
MINTEER, MD, Jeffrey F Washington
MINTEER JR, DO, Donald W Armstrong
MINTON, MD, Michael D Allegheny
MINTON, MD, Russell F Philadelphia
MINTZ, MD, Paul S Berks
MINTZ, PHILIP S Student
MINTZER, MD, David M Philadelphia
MIOTTO, MD, Karen A Berks
MIR, MD, David J Erie
MIR, MD, Tahir U Indiana
MIRA, MD, Allan J Cumberland
MIRA, MD, John F Cumberland
MIRABILE, MD, Robert J Montgomery
MIRAGLIA, MD, Richard J Monroe
MIRANDA, MD, Aurora M Allegheny
MIRARCHI, MD, Vincenzo Northmbrland
MIRCHANDANI, MD, Haresh G Philadelphia
MIRSKY, MD, Howard A Erie
MIRSKY, POLLY J Student
MIRSKY, MD, Robert S Bucks
MIRTH-JACOBELLI, DO, Barbara L Bucks
MIRZA, MD, Mohammad R Lycoming
MIRZABEIGI, MD, Nematollah Allegheny
MISAGE, MD, John R Allegheny
MISCHLER, MD, Forrest C Erie
MISENHIMER, MD, Martin D Lehigh
MISHALOVE, MD, R David Delaware
MISHEL, MD, Henry S Montgomery
MISHER-HARRIS, DO, Michele I Delaware
MISHKIN, MD, Mark H Lehigh
MISHKIN, MD, Mark M Philadelphia
MISRA, MD, Hari K Westmoreland
MISTRY, MD, Meherwan J Wayne/Pike
MITAL, MD, Mohan S Cambria
MITAL, MD, Nirmal G Cambria
MITCHELL, MD, Arthur B Luzerne
MITCHELL, MD, Carmella M Luzerne
MITCHELL, MD, David R Philadelphia
MITCHELL, MD, Donald D Cambria
MITCHELL, MD, Fenton M Allegheny
MITCHELL, MD, Harold L Allegheny
MITCHELL, MD, Henry Indiana
MITCHELL, MD, John F Lehigh
MITCHELL, MD, Michael J Beaver
MITCHELL, MD, Robert M Philadelphia
MITCHELL, MD, William J Fayette
MITNICK, MD, Paul D Berks
MITRA, MD, Atin K Erie
MITRE, MD, Ricardo J Allegheny
MITRO, DO, Robert N Allegheny
MITRO, MD, William Allegheny
MITROS, MD, Thomas F Montgomery
MITTAL, MD, Basant K Northmbrland
MITTELDORF, MD, Stephen E Philadelphia
MITTELL, MD, David C Washington
MITTERLING, MD, Robert C Delaware
MITTICA, MD, Nicholas M Lawrence
MITZEL, DO, Timothy S Allegheny
MIURA, MD, Karen K Philadelphia
MIX, MD, William A Erie
MIYAMOTO, MD, Curtis T Delaware
MIZIN, MD, Lakshmi D J Lackawanna
MIZRAHI, ERIC L Student
MLECKO, MD, Lawrence M Allegheny
MOAKEH, MD, Mohamed Crawford
MOATS, MD, Anthony W Allegheny
MOBERG, MD, F Barrie Lancaster
MOCH, ANNE L Student
MOCK, MD, Gregory D Cambria
MODARRESS, MD, John Schuylkill
MODERY, MD, Marsha E Wayne/Pike
MODI, MD, Jashwant B Allegheny
MODY, MD, Mahendra I Bucks
MOERKIRK, MD, George E Lehigh
MOFFA, JENNIFER L Student
MOFFITT, MD, Vincent J Berks
MOFFITT JR, MD, George R Dauphin
MOFFSES, MD, Garabed H Philadelphia
MOGERMAN, MD, Jeffrey A Lackawanna
MOGERMAN, MD, Richard L Lackawanna
MOGHADAM, MD, Abdol Nabi Philadelphia
MOGHADAM, MD, Eileen S Philadelphia
MOGIL, MD, Robert A Philadelphia
MOGLIA, MD, Bernadine A Dauphin
MOHAMED-ALI, MD, Abul-Kassim Lackawanna
MOHAN, MD, Brij Northampton
MOHAN, MD, Francis P Schuylkill
MOHAN, MD, Krishna K Philadelphia
MOHEIMANI, CHRISTOPHER H Student
MOHIUDDIN, MD, Mohammed Philadelphia
MOHIUDDIN, MD, Mohammed A Philadelphia
MOHLER, MD, J Harold Lancaster
MOHR, MD, Rose M Philadelphia
MOHYUDDIN, MD, Moiz Monroe
MOIDEL, MD, Robert A Montgomery
MOKRYNSKI, MD, Greg Philadelphia
MOKYCHIC, MD, Walter E Luzerne
MOLDOFSKY, MD, Philip J Philadelphia
MOLDOVER, MD, Jonathan R Lehigh
MOLINA, MD, Ramon B Monroe
MOLL, MD, Alison York
MOLL, MD, David C Bucks
MOLL, MD, George A Philadelphia
MOLL, MD, Thomas B Berks
MOLLICK, MD, James A Montgomery
MOLLICK, MD, James L Montgomery
MOLLOY, MD, Peter J Allegheny
MOLLURA, MD, Joseph A Allegheny
MOLONEY, MD, Joseph D Dauphin
MOMAN JR, MD, Lawrence C Allegheny
MOMI, KAMALDEEP S Student
MONACELLI, MD, David M Philadelphia
MONAHAN, MD, George R Montgomery
MONAHAN, MD, Maryellen R O Lackawanna
MONARDO, MD, Alfred Allegheny
MONASTERIO, MD, Jose R Chester
MONCMAN, DO, Michael-Gerard Blair
MONCRIEF, MD, Richard D Lancaster
MONDALA-OCBO, MD, Elisa V Berks
MONDERO, DO, Nancy A Lancaster
MONDZELEWSKI, MD, James P Allegheny
MONHEIT, MD, Richard S Philadelphia
MONK, MD, John S York
MONK JR, MD, John S York
MONKOWSKI, MD, Alfred M Bucks
MONROE JR, JOHN J Student
MONSAERT, MD, Ronald P Montour
MONSOUR, MD, Geoffrey B Westmoreland
MONSOUR, MD, Robert G Westmoreland
MONSOUR, MD, Roy C Westmoreland
MONSOUR, MD, Roy C Westmoreland
MONSOUR, MD, Roy E Adams
MONSOUR, MD, William J Westmoreland
MONTA, MD, Arturo D Allegheny
MONTAGUE, MD, James W Lycoming
MONTALBO, MD, Antonio A Centre
MONTALBO, MARIONITO N Student
MONTALBO, MD, Serafin A Westmoreland
MONTANER, MD, Carmen G Lehigh
MONTANER, MD, Jose L Dauphin
MONTE, MD, D Marie Chester
MONTEFORTE, MARK J Student
MONTEIRO, MD, Dennis T Philadelphia
MONTELEONE, MD, Paul N Cambria
MONTELEONE JR, GAETANO P Student
MONTELLA, MD, Michael Lackawanna
MONTELLESE, MD, Phyllis B Allegheny
MONTELLO, MD, Joan M Cumberland
MONTEMAYOR, MELANIE M Student
MONTEMURO, MD, Anthony Philadelphia
MONTES, MD, Manuel Y Carbon
MONTESANO, MD, Angelica T Philadelphia
MONTGOMERY, MD, Bruce B Montgomery
MONTGOMERY, MD, Ernest J Armstrong
MONTGOMERY, MD, Hugh Philadelphia
MONTGOMERY, MD, Karla J Philadelphia
MONTGOMERY, MD, Lynn C Philadelphia
MONTGOMERY, MD, Mark R Fayette
MONTGOMERY, MD, Patricia A Delaware
MONTGOMERY, MD, Thaddeus L Philadelphia
MONTGOMERY JR, MD, George A Somerset
MONTONE, MD, Kathleen T Philadelphia
MONTZKA, MD, Dan P Delaware
MONYAK, MD, John G Beaver
MONYAK, MD, Sandra G Allegheny
MOODY, MD, Jack H Dauphin
MOODY, MELISSA Student
MOODY, MD, Robert A Bradford
MOON, MD, Sung B Westmoreland
MOONDA, MD, Gulamhusain Mercer
MOONEY, MD, Benjamin R York
MOONEY, MD, William E Allegheny
MOORE, MD, Barry B Dauphin
MOORE, MD, Brad B Philadelphia
MOORE, MD, Charles A Greene
MOORE, MD, Craig C Lehigh
MOORE, MD, Daniel W Bucks
MOORE, MD, David H Luzerne
MOORE, MD, David S Luzerne
MOORE, MD, Ernest E Butler
MOORE, MD, George W Lawrence
MOORE, MD, James P Armstrong
MOORE, MD, James T Montgomery
MOORE, MD, Jay R Philadelphia
MOORE, MD, Joseph J Tioga
MOORE, MARTHA J Student
MOORE, MD, Matthew T Philadelphia
MOORE, MD, Michael F Lackawanna
MOORE, MD, Susan J Dauphin
MOORE, MD, Terence E Armstrong
MOORE, MD, Terence N Lancaster
MOORE JR, MD, John H Philadelphia
MOORE JR, MD, Samuel R Philadelphia
MOORE SR, MD, Robert G Lancaster
MOORTHY, MD, Gita York
MOOSSY, MD, John J Allegheny
MORACA, MD, John I Allegheny
MORAITIS, MD, Constantine Z Allegheny
MORALES, MD, Diego Philadelphia
MORALES, MD, Francisco J Lebanon
MORALES, MD, Gladys D Northampton
MORALES-PELAEZ, MD, Eileen S Philadelphia
MORAN, MD, John J Montour
MORAN, MD, Kurt P Lackawanna
MORAN, MD, Mary M Allegheny
MORAN JR, MD, Theodore R Mercer
MORAN JR, MD, Thomas W Westmoreland
MORANDI, NEIL P Student
MORANI, MD, Alma D Philadelphia
MORANZ, MD, Joel G Delaware
MORASCO, MD, Edward R Lebanon
MORE, KENNETH F Student
MORECI, MD, James A Westmoreland
MORELL, MD, Victor O Bradford
MORENO, MD, Manuel V Lycoming
MORESCHI, LISA M Student
MORESEA, GEORGE A Student
MORETTI, EUGENE W Student
MORETTO, MD, Joseph L Lawrence
MOREY, MD, Merrill I Bedford
MOREY, VICTORIA A Student
MORFFI, MD, Oscar A Lehigh

MORGAN, MD, Albert P	Lackawanna
MORGAN, MD, Allan V	Allegheny
MORGAN, MD, Cheryl L	Allegheny
MORGAN, MD, Corinne M	Montgomery
MORGAN, MD, James J	Mifflin/Juni
MORGAN, MD, Jeffrey F	Warren
MORGAN, MD, John M	Delaware
MORGAN, MD, Owen K	Cambria
MORGAN, MD, Russell E	Northampton
MORGAN, MD, Vincent F	Blair
MORGAN, MD, William F	Northampton
MORGAN JR, MD, James W	Union
MORGAN JR, MD, Vernon W	Lackawanna
MORGANROTH, MD, Joel	Philadelphia
MORGART, MD, Douglas R	Luzerne
MORGENSTERN, MD, Diana M	Philadelphia
MORGENSTERN, MD, Stephen A	Montgomery
MORI, MD, Gino	Lackawanna
MORI, MD, Hugo	Lackawanna
MORITZ, MD, Michael J	York
MORITZ, MD, Michael J	Philadelphia
MORITZ, MD, Mordekhai	Lackawanna
MORK, MD, Gustave W	Erie
MORLEY, MD, Robert R	Delaware
MORREELS JR, MD, Charles L	York
MORRELL, MD, Martha J	Montgomery
MORRELL, DO, Roger W	Cambria
MORRIS, MD, Adrian J	Lackawanna
MORRIS, MD, Dennis L	Lehigh
MORRIS, MD, Eleanor G	Somerset
MORRIS, JAMIE L	Student
MORRIS, MD, Joel S	Montour
MORRIS, MD, Leslie E	Allegheny
MORRIS, DO, Matilda J	Mercer
MORRIS, MD, Michael C	Philadelphia
MORRIS, MD, Patricia A	Northampton
MORRIS, MD, Richard J	Delaware
MORRIS, MD, Robert S	Montgomery
MORRIS, MD, Sam E	Allegheny
MORRIS, MD, Sheldon L	Delaware
MORRIS, MD, William J	Crawford
MORRIS JR, MD, James A	Delaware
MORRIS JR, MD, Robert G	Wyoming
MORRIS JR, MD, Vernon R	Berks
MORRIS JR, DO, Wilson S	Lebanon
MORRISON, MD, Alan N	Lehigh
MORRISON, MD, Bruce W	Allegheny
MORRISON, MD, Marjorie G	Lehigh
MORRISON, MD, Samuel S	Montour
MORRISON JR, MD, Ralph W	Cambria
MORRISON SR, MD, Joseph F	Luzerne
MORRISSEY, MD, William L	Philadelphia
MORRISSEY JR, MD, E James	Berks
MORRONE, DO, Charles C	Philadelphia
MORROW, MD, Bert A	Berks
MORROW, MD, Charles A	Tioga
MORROW, MD, Herbert J	Westmoreland
MORROW, MD, Robert A	Lehigh
MORROW, MD, Robert E	Monroe
MORROW, MD, Thayer K	Westmoreland
MORSE, JOSEPH D	Student
MORSE, MD, Richard J	Berks
MORTEL, MD, Rodriguez	Dauphin
MORTIMER, MD, Gregory P	Mercer
MORTON, MD, John C	Dauphin
MORTON, MD, Margaret S	Allegheny
MORTON, MD, Robert J	Wayne/Pike
MOSCATO, MD, Anthony F	Northampton
MOSCH, MD, George C	Potter
MOSCH, MD, Herman C	Potter
MOSER, MD, Barbara E S	Montour
MOSER, MD, Edward N	Lycoming
MOSER, MD, John C	Berks
MOSES, MD, James M	Cambria
MOSES, MD, Melvin L	Philadelphia
MOSESSO JR, MD, Vincent N	Allegheny
MOSHER, MD, Richard H	Fayette
MOSIENKO, MD, Keith D	Washington
MOSKAL, MD, Joseph P	Philadelphia
MOSKEL, MD, Peter	Lackawanna
MOSKOVITZ, MD, Morry	Beaver
MOSKOWITZ, MD, Barry D	Allegheny
MOSS, MD, Deborah R	Allegheny
MOSS, MD, Edward R	Philadelphia
MOSS, MD, N Henry	Philadelphia
MOSS JR, MD, Vassar Y	Allegheny
MOST-LEVIN, MD, Carol	Montgomery
MOSTER, MD, Marlene R	Philadelphia
MOSTOUFIZADEH, MD, Mahpareh	Allegheny
MOTLEY, MD, John F	Montgomery
MOTRONI, MD, Alexsandra K	Lehigh
MOTSAY, MD, Stephen J	Montour
MOTT, JOSEPH A	Student
MOUGHAN, MD, Beth	Philadelphia
MOURADIAN, ROBERT D	Student
MOURY JR, MD, Nelson F	Montgomery
MOUTSOS, MD, Spero E	Crawford
MOWAD, CHRISTEN M	Student
MOWAD, EUGENE M	Student
MOWAD, MD, Joseph J	Montour
MOXEN, MD, John M	Lackawanna
MOY, MD, Jenny Y	Philadelphia
MOY, MD, Kai H	Berks
MOYER, MD, Dennis L	Bucks
MOYER, MD, Earl S	Dauphin
MOYER, MD, Glenn E	Northampton
MOYER, MD, James E	Monroe
MOYER, MD, John F	Allegheny
MOYER, MD, John H	Cambria
MOYER, MD, John P	Bucks
MOYER, MARIA T	Student
MOYER, MD, Marylou	Philadelphia
MOYER, MD, Paul R	Bucks
MOYER, MD, Ray A	Philadelphia
MOYER, MD, Thelbert R	Erie
MOYER JR, ROBERT D	Student
MOYERS, MD, Robert N	Crawford
MOYLAN, MD, Joseph E	Lackawanna
MOYLAN III, MD, David J	Schuylkill
MOZLEY JR, MD, P David	Philadelphia
MRAZ, MD, James E	Erie
MRAZ, MD, John P	Erie
MRKICH, MD, Robert	Cambria
MRUK, MD, Celeste C	Montgomery
MRVOS, MD, Diana L	Allegheny
MRVOS, MD, Donald M	Allegheny
MSZANOWSKI, MD, Edwin M	Erie
MUALLEM, MD, Nabil S	Berks
MUCH, DO, Mandell J	Delaware
MUCHLADO, MD, Felix J	Allegheny
MUDRICK, MD, David L	Delaware
MUELLER, MD, Henry M	Mercer
MUETTERTIES, MD, Craig L	Delaware
MUFSON, MD, Richard A	Bucks
MUHLENBERG, MD, J Peter	Berks
MUHLFELDER, MD, Warren J	Blair
MUHONEN, D, Oliver A	Allegheny
MUKHERJEE, MD, Shanker	Northampton
MULHATTEN, MD, Donald E	Centre
MULHERN, MD, Lawrence M	Allegheny
MULHOLLAND, MD, S Grant	Philadelphia
MULKERIN, DANIEL L	Student
MULL, MD, Joseph C	Warren
MULL, MD, Thomas D	Montgomery
MULLEN, MD, James L	Philadelphia
MULLEN, MD, Jamie A	Allegheny
MULLER, MD, Alfons J	Philadelphia
MULLER, DO, Arthur J	Dauphin
MULLER, MD, Gary W	Philadelphia
MULLER, MD, H Arnold	Lebanon
MULLER, MD, Otto F	Delaware
MULLICK, MD, Jowheri J	Venango
MULLIGAN, MD, James F	York
MULLIGAN, MD, Robert L	Berks
MULLIN JR, MD, Edward M	Lehigh
MULLIN JR, MD, Hugh J	Bucks
MULOCK, DO, David R	Allegheny
MULRY, MD, Charles C	Philadelphia
MULSANT, MD, Benoit H	Allegheny
MUNCHAK JR, MD, John	Lehigh
MUNDTH, MD, Eldred D	Delaware
MUNIR, MD, Mohammad M	Northmbrland
MUNIR, MD, Muhammad	Schuylkill
MUNLEY, MD, Brian J	Bucks
MUNOZ, MD, Juan T	Allegheny
MUNSON, MD, Frederick J	Northampton
MUNTHER, MD, Antoine S	Erie
MUNVES, MD, Jonathan H	Northampton
MUNZER, MD, Steven J	Philadelphia
MURCEK, DO, Benjamin W	Erie
MURCEK, MD, Martin A	Westmoreland
MURCKO, REGINA G	Student
MURDOCK, MD, Fred E	Jefferson
MURDOCK, MD, Morton G	Philadelphia
MUREEBE, LEILA	Student
MURELLO, MD, David M	Fayette
MURILLO, MD, Oscar F	Northampton
MURN, MD, Alvin J	Westmoreland
MURNIN, MD, Patrick J	Lackawanna
MUROFF, DO, Robert E	Delaware
MURPHEY, MD, Sheila A	Philadelphia
MURPHEY, MD, Stephen M	Allegheny
MURPHY, ANDREW W	Student
MURPHY, MD, Barbara J	Delaware
MURPHY, MD, Brian P	Lehigh
MURPHY, MD, Edith L	Lycoming
MURPHY, MD, Edward J	Philadelphia
MURPHY, MD, J Thomas	Montgomery
MURPHY, MD, James A	Chester
MURPHY, MD, Jerry	Philadelphia
MURPHY, MD, John B	Philadelphia
MURPHY, MD, John M	Philadelphia
MURPHY, MD, Mary H	Delaware
MURPHY, DO, Mary S	Philadelphia
MURPHY, MD, Michael F	Luzerne
MURPHY, DO, Patrick	Delaware
MURPHY, MD, Terrance P	Centre
MURPHY, MD, Thomas W	Philadelphia
MURPHY, TIMOTHY J	Student
MURPHY, MD, Windell H A	Philadelphia
MURPHY JR, MD, Arthur I	Allegheny
MURPHY JR, MD, Robert X	Lehigh
MURR III, MD, George A	Philadelphia
MURRAY, MD, Austin P	Philadelphia
MURRAY, MD, Carroll A	Jefferson
MURRAY, MD, Cheryl L	York
MURRAY, MD, John P	Montgomery
MURRAY, MD, Patrick M	Wyoming
MURRAY, MD, Richard C	Cambria
MURRAY, MD, Richard S	Bucks
MURRAY, MD, Stephen R	Northampton
MURRAY, MD, Thomas R	Philadelphia
MURRAY-LEISURE, MD, Katherine A	Lebanon
MURTAGH JR, MD, Frederick	Philadelphia
MURTHY, MD, Molakalmuru H	Allegheny
MURTHY, MD, Msj	Philadelphia
MURTLAND, MD, Albert M	Bradford
MUSA, MD, Alimad N	Carbon
MUSCI JR, DO, Michael N	Philadelphia
MUSGRAVE, MD, Ross H	Allegheny
MUSKAT, MD, David I	Allegheny
MUSMANNO, MD, Samuel A	Allegheny
MUSSER, MD, Benjamin G	Dauphin
MUSSER, MD, David J	Lehigh
MUSSER, MD, William T	Union
MUSSER JR, MD, Harold E	Somerset
MUSSOLINE, MD, Joseph F	Philadelphia
MUTHA, MD, Sunita	Allegheny
MYCHAK, MD, Dennis R	Northmbrland
MYEROWITZ, MD, Richard L	Allegheny
MYERS, MD, Abraham	Philadelphia
MYERS, ANDREW P	Student
MYERS, BETH A	Student
MYERS, MD, Charles E	Luzerne
MYERS, DANIEL T	Student
MYERS, MD, David	Philadelphia
MYERS, MD, Dennis L	Indiana
MYERS, MD, Eugene N	Allegheny
MYERS, MD, Frederick B	Luzerne
MYERS, MD, G Bradford	York
MYERS, MD, Gerald I	Allegheny
MYERS, MD, Gordon D	Dauphin
MYERS, MD, John L	Dauphin
MYERS, JONATHAN S	Student
MYERS, MD, Martin A	Montgomery
MYERS, MD, Scott Elliot	Philadelphia
MYERS III, MD, Franklin J	Dauphin
MYERSON, MD, Ralph M	Philadelphia
MYRON, MD, Carol S	Allegheny
MYSLEWSKI, MD, Walter J	Westmoreland
MYSTAKAS, MD, Fotis G	Lebanon

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NABATCHI, MD, Ahmad	Clarion
NABATI, MD, Ismail	Northampton
NABAVI, MD, Abdollah	Centre
NABORS, MD, Eric D	Allegheny
NACHLIS, MD, Allan D	Philadelphia
NACHMAN, MD, Jeffrey A	Philadelphia
NACK, MD, Steven L	Montgomery
NADAL, MD, Ramon B	Bucks
NADEL, MD, Marcell-Bernh	Philadelphia
NADER, MD, Joseph N	Lehigh
NADLER, MD, Daniel J	Allegheny
NADLER, MD, M Princeton	Allegheny
NADWORNY, MD, Howard A	Erie
NAEGLE, MD, Matthew B	Chester
NAGEL, MD, David B	Lycoming
NAGELKIRK, MD, Joan E	Allegheny
NAGIN, MD, Joshua G F	Bradford
NAGLE, MD, Arlington A	Berks
NAGLE, MD, Douglas B	Erie
NAGLE, MD, Richard W	Erie
NAGLE, MD, W William	Delaware
NAGLE, MD, Warren C	Bradford
NAGLE, MD, Willard F	Delaware
NAGLE JR, MD, Frank O	Philadelphia
NAGPAL, MD, Naresh C	Lycoming
NAGY, MD, Robert	Berks
NAHMIAS, CORINA M	Student
NAIBERT, MD, James R	Mifflin/Juni
NAIDE, MD, David	Philadelphia
NAIDE, MD, Meyer	Philadelphia
NAIDOFF, MD, Michael A	Philadelphia
NAIDS, MD, Richard E	Philadelphia
NAIDU, MD, Jai P	Lycoming
NAIK, MD, Vaishali D	Erie
NAIR, MD, Krishnan K	Erie
NAIR, MD, Lawrence G	Philadelphia
NAIR, MD, Madhusudanan	Allegheny
NAIR, MD, Prabha J	Philadelphia
NAIR, MD, Suresh G	Allegheny
NAIR, MD, V Krishnan	Somerset
NAIRN JR, MD, John P	Allegheny
NAJI, MD, Ali	Philadelphia
NAJMI, MD, Moosa	Northampton
NAKAWATASE, TOMOKO V	Student
NAKHJAVAN, MD, Fred K	Philadelphia
NAKKACHE, MD, Victor B	Luzerne
NALBANTIAN, MD, Michel S	Philadelphia
NALEVANKO, MD, Albert M	Lackawanna
NALIN, MD, Daniel J	Allegheny
NALIN, MD, David R	Philadelphia
NALLATHAMBI, MD, Helga N	Butler
NALLATHAMBI, MD, Swamikkan A	Butler
NALLURI, MD, Krishna R	Monroe
NALLURI, MD, Vasanthi K	Monroe
NAMEY, MD, John T	Mercer
NANCOLLAS, MD, Paul H	Mifflin/Juni
NANGIA, MD, Sushma R	Allegheny
NANJUNDASWAMY, MD, Hunasagatta C	Lawrence
NAPLES, MD, Jerry F	Bucks
NAPLES, MD, Louis A	Westmoreland
NAPOLEON, MD, Louis N	Allegheny
NAPOLITANO, MD, Michael A	Berks
NAPPI, MD, Dominic F	Philadelphia
NARAHARI, MD, Premnath	Cambria
NARASIMHAN, MD, Seethalakshmi	Allegheny
NARAYANAN, MD, Edathil K	Bradford
NARDELLA JR, MD, Guy M	Delaware
NARDUZZI, MD, Joann V	Allegheny
NARLA, MD, Sudhir K	Allegheny
NARTATEZ, MD, Pedro C	Clearfield
NARULA, MD, Amrit P	Schuylkill
NARUS, MD, Vitold T	Erie
NARVAEZ, MD, Richard A	Philadelphia
NARYSHKIN, MD, Sonya	Philadelphia
NASCA, MD, Leonardo S	Erie
NASE, MD, Donald F	Bucks
NASE, DO, Kathy L	Bucks
NASE, MD, P Kenneth	Berks
NASE, MD, Paul M	Bucks
NASEEM, MD, Mohammad	Allegheny
NASH, MD, James D	Lancaster
NASO, MD, Francis	Philadelphia
NASSEF JR, MD, Louis A	Montour
NASSIRI-RAHIMI, MD, Cyrus	Philadelphia
NASSUR, MD, Adnan K	Westmoreland
NAST, MD, Max S	Butler
NAST, MD, Philip R	Philadelphia
NASUTI, JOSEPH F	Student
NATALI, MD, Daniel E	Allegheny
NATHAN, MD, Lawrence	Philadelphia
NATHAN, MD, Meera V	Montgomery
NATHAN, MD, Radha	Lackawanna
NATHAN, MD, Robert J	Philadelphia
NATHANSON, MD, Juliet E	Philadelphia
NATIVIDAD, MD, Nita C	Montour
NATOLI, MD, Thomas J	Montgomery
NATTER, MD, Howard M	Delaware
NAUGLE, MD, Ingrid E	Allegheny
NAUSS, MD, Thomas J	Luzerne
NAVARRO, MD, Cyrilda	Bucks
NAWA, JOHN C	Student
NAYAK, MD, Narayan	Mckean
NAYAK, MD, Narayan T	Allegheny
NAYAK, MD, Satish R	Somerset
NAYAR, MD, Sudha M	Washington
NAZAR, MD, Jose E	Bradford
NAZARI, MD, Ahmad	Philadelphia
NAZZARO, MD, Ralph	Venango
NEAGOY, MD, Daniel R	Erie
NEAL, MD, Hunter S	Delaware
NEAL, MD, Roland A	Allegheny
NEAL JR, MD, Harry B	Indiana
NEALE, MD, John M	Indiana
NEALIS, MD, Henry J	Montgomery
NEALON, MD, William K	Allegheny
NECAS, MD, Michael G	Venango
NEDRESKY, MD, Joseph P	Erie
NEDWICH, MD, Alexander	Lehigh
NEE JR, MD, Martin P	Allegheny
NEELEY, MD, Steven W	Beaver
NEELY, MD, Eileen P	Allegheny
NEFF, MD, Charles A	Lebanon
NEFT, MD, Burton H	Allegheny
NEGREY, MD, John N	Delaware
NEGREY JR, MD, John N	Delaware
NEGRI, MD, Ann M	Allegheny
NEGRO, MD, Attilio G	Westmoreland
NEGRON, MD, Angel M	Erie
NEIBLUM, MD, David R	Philadelphia
NEIDHARDT, MD, Paul W	Lancaster
NEIFELD, MD, Kenneth A	Philadelphia
NEIFELD, MD, Lise L M	Philadelphia
NEIGH, MD, John L	Philadelphia
NEILL, DO, Thomas H	Northampton
NEILSON, MD, Robert N	Montgomery
NEILSON, MD, Thomas J	Allegheny
NEIMAN, MD, Harvey L	Allegheny
NEIMAN, MD, Lee M	Allegheny
NEISH, MD, Carol L	Allegheny
NEJAT-BINA, DAVID	Student
NEJMAN, MD, Joseph H	Montgomery
NELSON, MD, Barry K	Montgomery
NELSON, MD, Edward A	York
NELSON, MD, Eleanor C	Philadelphia
NELSON, MD, Guy M	Philadelphia
NELSON, MD, James E	Luzerne
NELSON, MD, Leonard B	Philadelphia
NELSON, MD, Mortimer T	Bucks
NELSON, MD, Owen A	Fayette
NELSON, MD, Paul B	Allegheny
NELSON, PAULA M	Student
NELSON, MD, Philip K	Lycoming
NELSON, MD, Theodore C	Allegheny
NELSON, MD, Waldo E	Philadelphia
NELSON JR, MD, Harry M	Montgomery
NEMANI, MD, Pandharinath	Washington
NEMERSON, STEVEN F	Student
NEMEZ, MD, Albert	Philadelphia
NEMEZ, MD, Jack S	Philadelphia
NEMIROFF, MD, Richard L	Philadelphia
NEMIROVSKY, MD, Boris	Philadelphia
NEMZOFF, MD, Sol L	Montgomery
NESBITT, MD, Alexander R	Lycoming
NESBITT, MD, John B	Crawford
NESBITT, MD, Richard A	Columbia
NESE, MD, Anthony J	Lackawanna
NESI, MD, Daniel A	Bucks
NESPER, MD, James A	Indiana
NESPOLA, MD, Anthony M	Tioga
NESPOLI, MD, Anthony M	Northmbrland
NESTER, DO, Brian A	Montgomery
NESTICO, MD, Pasquale F	Philadelphia
NETTROUR, MD, Lewis F	Allegheny
NETTROUR III, MD, W Scott	Allegheny
NETTROUR IV, WALTER S	Student
NEUMAN, WILLIAM R	Student
NEUREUTER, MD, Louis J	Lancaster
NEVILLE, MD, Edwin C	Lackawanna
NEVULIS, MD, John J	Montgomery
NEVYAS, MD, Herbert J	Philadelphia
NEVYAS, MD, Joann Y	Montgomery

NEVYAS-WALLACE, MD, Anita S	Philadelphia
NEW, MELINDA S	Student
NEWBERG, MD, Aaron N	Philadelphia
NEWBERG, MD, Jay A	Allegheny
NEWCOMER, MD, David L	Lancaster
NEWCOMER, MD, Janet A	Allegheny
NEWELL, MD, Paul M	Erie
NEWHOUSE, MD, Joseph J	Westmoreland
NEWKIRK, MD, John D	Centre
NEWMAN, MD, Andrew	Philadelphia
NEWMAN, MD, Benjamin E	Philadelphia
NEWMAN, MD, Donald A	Schuylkill
NEWMAN, MD, Eric D	Montour
NEWMAN, MD, Frank W	Delaware
NEWMAN, MD, Lawrence E	Philadelphia
NEWMAN, MD, Leroy	Philadelphia
NEWMAN, MD, Richard A	Chester
NEWMAN, MD, William R	Bedford
NEWMAN III, MD, William H	Lackawanna
NEWMAN JR, MD, Clyde F	Montgomery
NEWSOM, MD, John H	Bucks
NEWTON, MD, Charles T	Lackawanna
NEWTON, MD, E Douglas	Allegheny
NEWTON, MD, Frederick C	Dauphin
NEWTON, MD, Rex H	Allegheny
NEY, MD, F Gregg	Butler
NEYLON, MD, Michael P	Erie
NGEOW, MD, Yin K	Franklin
NGINYO, MD, Josphat A	Cambria
NGUYEN, MD, Bach V	Delaware
NGUYEN, MD, De	Allegheny
NGUYEN, MD, Kenneth V	Delaware
NGUYEN, LUAT T	Student
NGUYEN, MD, Nghi V	Allegheny
NGUYEN, MD, Nhien D	Lebanon
NGUYEN, MD, Thach N	Berks
NGUYEN, MD, Tinh-Chau	Allegheny
NIBBELINK, MD, Donald W	Philadelphia
NICASSIO, MD, Anthony	Allegheny
NICASTRO, MD, Gennaro C	Philadelphia
NICHAMIN, MD, Louis D	Clarion
NICHINI, MD, Franco M	Chester
NICHOLAS, ANGELA M	Student
NICHOLAS, MD, Bradley E	York
NICHOLAS, MD, Gary G	Lehigh
NICHOLAS, MD, James L	York
NICHOLAS, MD, Leslie	Philadelphia
NICHOLAS JR, MD, Peter D	Berks
NICHOLLS, MD, Joan E	Schuylkill
NICHOLLS, MD, Richard H	Schuylkill
NICHOLS, MD, Claude E	Dauphin
NICHOLS, MD, David P	Jefferson
NICHOLS, MD, Karen J	Philadelphia
NICHOLS, MD, William R	Allegheny
NICHOLS JR, MD, Trent W	York
NICHOLSON, MD, Joseph T	Montgomery
NICHOLSON JR, MD, Walter J	York
NICKENS, MD, Oswald J	Allegheny
NICKESON, MD, Robert W	Allegheny
NICKLAS, MD, Donald A	Chester
NICKLAS, MD, Gilbert L	Clinton
NICOLAOU, DAVID D	Student
NICOLAS, MD, Rudy J	Centre
NICOLO, MD, Enrico	Allegheny
NICOLOSI, MD, Joseph V	Allegheny
NICY, MD, Nadija L	Philadelphia
NIDO, MD, Michael P	Cambria
NIEBAUM, MD, Albert H	Berks
NIEDELMAN, MD, Meyer L	Philadelphia
NIEHLS, MD, Beverly J	Berks
NIELAND, MD, Michael L	Allegheny
NIELAND, MD, Nancy S	Allegheny
NIELSEN, MD, R Craig	Lycoming
NIELSEN, MD, Robert K	Lebanon
NIELSON, MD, David H	Philadelphia
NIELSON JR, MD, Robert P	Warren
NIERENBERG, MD, Steven Jay	Philadelphia
NIES, MD, Gerald F	Washington
NIESEN, MD, Emil T	Wayne/Pike
NIETO, MD, Victor E	Butler
NIEZGODA, MD, Paul E	Luzerne
NIGBOROWICZ, MD, Ronald J	Allegheny
NIKOO, MD, Hooshang M	Philadelphia
NIKOULA, MD, Jawdat A	Westmoreland
NIMOITYN, MD, Benjamin S	Philadelphia
NIMOITYN, MD, Philip	Philadelphia
NINO, MD, Raymond F	Westmoreland
NISENBAUM, MD, Harvey L	Philadelphia
NISSLEY, MD, Jay M	Union
NISTA, MD, Joseph A	Allegheny
NITSKANSKY, MD, Lea	Philadelphia
NITZBERG, MD, Robert S	Allegheny
NIX, MD, Robert D	Allegheny
NOBEL, MD, Golda R	Philadelphia
NOBEL, MD, Helen V	Allegheny
NOBEL, MD, Joel J	Philadelphia
NOBLE, MD, Ellenetta B	Washington
NOBLE, MD, Jeyaseelan	Bucks
NOBLER, MD, Myron P	Philadelphia
NOCHE, MD, Cesar N	Fayette
NODEN, MD, George T	Allegheny
NOFTZGER, MD, Martha R	Greene
NOLAN, MD, Sean	Allegheny
NOLAN, MD, Teresa A	Allegheny
NOLAN JR, MD, J Philip	Montgomery
NOLAND, MD, Robert B	Allegheny
NOLT, MD, Jeffrey S	Adams
NONACK, MD, Peter B	Delaware
NOONE, MD, James P	Bradford
NOONE, MD, R Barrett	Philadelphia
NOONE, ROBERT B	Student
NOORBAKHSH, MD, Hossein	Allegheny
NORATO, MD, Joseph F	Dauphin
NORD, MD, D Scott	Berks
NORD, MD, Roland E	Lawrence
NORDENBERG, MD, Aaron	Dauphin
NOREK, MD, Mary T	Allegheny
NORK, MD, Edward P	Luzerne
NORKUS, MD, Gregory	Columbia
NORMINGTON II, MD, Ernest Y	Lehigh
NORRIS, MD, Charles M	Philadelphia
NORRIS, MD, David C	Allegheny
NORRIS, MD, Robert B	Berks
NORRIS, MD, Robert F	Philadelphia
NORTHROP, MD, Herbert L	Montgomery
NORTHRUP, MD, Bruce E	Philadelphia
NOSHENY, MD, Stanley Z	Philadelphia
NOTARO, MD, John	Beaver
NOTHMANN, MD, Bruce J	Allegheny
NOTTE, MICHAEL A	Student
NOTZ, MD, Robert G	Montour
NOURIAN, MD, Ali A	Lackawanna
NOVAK, MD, Joseph	Allegheny
NOVAK, MD, Joseph F	Allegheny
NOVESKE, MD, F Gregory	Bradford
NOVINGER, MD, Quentin T	Luzerne
NOWACKI, MD, Stanley M	Montgomery
NOWOSIWSKY, MD, Taras	Philadelphia
NOWOSLAWSKI, MD, Joseph F	Philadelphia
NOWOTNY, MD, Andrea Z	Philadelphia
NOWROOZI, MD, Kosrow	Philadelphia
NOYES, WILLARD S	Student
NSEIR, MD, Nawaf I	Westmoreland
NUCUM, MD, Afrodisio N	Lebanon
NULL, MD, Harry M	Allegheny
NULLET, MD, Francis R	Erie
NUNEZ, MD, Hermes	Allegheny
NUNGESSER, MD, Raymond F	Columbia
NUNNA, MD, Nagabhushanam	Butler
NURBHAI, MD, Murtaza E	Potter
NUSBAUM, MD, Moreye	Philadelphia
NUSCHKE, MD, John D	Bucks
NUSSBAUM, MD, Allen S	York
NUSSBAUM, MD, Arthur J	Allegheny
NUSSBAUM, MD, Steven J	Delaware
NUTT, MD, Richard L	Montgomery
NUTT III, MD, James N	Montgomery
NUTTER, MD, David E	Lancaster
NUTZ JR, JOSEPH F	Student
NYGAARD, MD, Christine E	Allegheny

O

O'BRIEN, DO, M Christine	Westmoreland
O'CONNELL, MD, James P	Indiana
O'CONNOR, MD, Daniel J	Allegheny
OAKS JR, MD, Wilbur W	Philadelphia
OBENRADER, MD, Mark F	Montgomery
OBENREDER, DO, Thomas L	Erie
OBER, MD, Henry E	Westmoreland
OBERFIELD, MD, William J	Delaware
OBLEY, MD, David L	Allegheny
OBOYLE, MD, James P	Lackawanna
OBOYLE, MD, Thomas A	Lackawanna
OBRIEN, CHRISTINE M	Student
OBRIEN, MD, Edward T	Erie
OBRIEN, MD, James J	Montgomery
OBRIEN, MD, James S	Union
OBRIEN, MD, Karen A	Lancaster
OBRIEN, MD, Robert G	Allegheny
OBRIEN, MD, William R	Philadelphia
OBRIEN II, MD, John S	Philadelphia
OBRIEN III, MD, Frank D	Luzerne
OBRIEN JR, MD, James E	Philadelphia
OCAMPO, MD, Renato G	Mckean
OCHENRIDER, MD, Paul D	York
OCHOA, MD, E Ricardo	Allegheny
OCHOCO-CAVANAUGH, MD, Lillian A	Allegheny
OCKRYMIEK, DO, Douglas A	Lancaster
OCONNELL, MD, Barbara K	York
OCONNELL, MD, Brent J	Dauphin
OCONNELL, MD, C Leonard	Greene
OCONNELL, MD, James R	Delaware
OCONNELL, MD, John J	Philadelphia
OCONNELL, MD, Robert L	Montgomery
OCONNELL, MD, William F	Philadelphia
OCONNOR, MD, John P	Allegheny
OCONNOR, MD, John V	Venango
OCONNOR, MD, Leo E	Cambria
OCONNOR, MD, Mary K	Allegheny
OCONNOR, MD, Maureen E	Philadelphia
OCONNOR, MD, Michael J	Philadelphia
OCONNOR, MD, Thomas W	Lancaster
OCONNOR, MD, William F	Beaver
OCONNOR III, MD, Thomas J	Berks
OCONNOR JR, MD, James J	Lackawanna
OCONOR, MD, Lorraine M	Philadelphia
OCONOR JR, MD, G Thomas	Lancaster
OCZYPOK, MD, Paul M	Allegheny
ODASSO, MD, David P	Allegheny
ODDI, MD, Frederick J	Allegheny
ODIM, MD, Usim	Allegheny
ODONNELL, MD, Chris T	Allegheny
ODONNELL, MD, Christine S	Bucks
ODONNELL, MD, George J	Luzerne
ODONNELL, MD, John H	Allegheny
ODONNELL, MD, Peter B	Berks
ODONNELL, MD, Walter F	Allegheny
OEHRLE, MD, John S	Allegheny
OELS, MD, Helen C	Montgomery
OESTERLING JR, MD, Everett F	Allegheny
OETTING, MD, Lori A	Westmoreland
OFALLON, MD, Denis J	York
OFFERMAN, MD, Joop	Allegheny
OFFNER, MD, Theodore W	Philadelphia
OGUN, DAVID J	Student
OH, MD, Chang W	Lebanon
OH, MD, Jang K	Philadelphia
OH, MD, Kook-Sang	Allegheny
OH, MD, Sung-Kyu H	Philadelphia
OH, YONG T	Student
OH, MD, Yong W	Luzerne
OHANISSIAN, MD, Hanrick G	Delaware
OHARA, MD, Albert E	Philadelphia
OHARA, MD, Daniel E	Philadelphia
OHARA, MD, Irene B	Philadelphia
OHARA, MD, Kevin R	Allegheny
OHEARNE, MD, John S	Wayne/Pike
OHL, MD, Bettina M G	Adams
OJEDA, MD, Virginia L	Philadelphia
OKAGAWA, MD, Rick	Philadelphia
OKANE, PATRICK L	Student
OKEN, MD, Donald	Philadelphia
OKIN, MD, E Michael	Philadelphia
OKUNSKI, MD, Walter J	Lehigh
OLAH, MD, George W	Allegheny
OLASIN, DO, Regina F	Tioga
OLBRICH, CHRISTOPHER D	Student
OLEAGA, MD, Juan A	Philadelphia
OLEARCHYK, MD, Andrew S	Philadelphia
OLEARY JR, ROBERT T	Student
OLEKSZYK, DO, Joseph P	Delaware
OLEWILER JR, MD, H Newton	Northampton
OLIM, MD, Dave B	Montgomery
OLIN, MD, Stephen T	Lancaster
OLINSKY, MD, Stuart M	Lycoming
OLIVER, MD, Glen L	Lehigh
OLIVER, MD, John G	Northampton
OLIVER, MD, Orlando P	Westmoreland
OLIVES, MD, Manuel	Dauphin
OLIVIERI, MD, Suzanne P	Montgomery
OLKEN, MD, Mark D	Philadelphia
OLLER, MD, Samuel	Montgomery
OLNEY, MD, Franklin B	Centre
OLSEN, MD, Kevin H	Lackawanna
OLSHAN, MD, Arthur R	Philadelphia
OLSHEMSKI, MD, Frank C	Luzerne
OLSHIN, MD, Irving Joel	Philadelphia
OLSON, MD, Emil W	Montgomery
OLSON, MD, Ronald A	Luzerne
OLSON, MD, Mary K	Allegheny
OLSON, MD, David P	Allegheny
O'MALLEY, MD, Donald F	Allegheny
O'MALLEY, ERIN A	Student
O'MALLEY, MD, John E	Chester
O'MALLEY, MD, Kevin B	Philadelphia
O'MALLEY JR, DONALD F	Student
OMANA, MD, Jess E	Bucks
OMDAL, DAVID G	Student
ONEAL JR, MD, Alexander H	Montgomery
ONEIL, DO, Robert J	Allegheny
ONEILL, MD, Daniel K	Montgomery
ONEILL, MD, Hugh	Philadelphia
ONEILL, MD, John J	Delaware
ONEILL, SHEA A	Student
ONG, MD, Bienvenido S	Lawrence
ONG, MD, George P	Cumberland
ONG, MD, Jimmy J	Allegheny
ONIFER, MD, Theodore M	Montgomery
ONOFREY, MD, David	Lackawanna
ONQUE, MD, Gloria C	Allegheny
OPALACK, DO, Cheryl A	Dauphin
OPASS, MD, Edward S	Bucks
OPIDA, MD, Ciceron L	Blair
OPIDA, MD, Marina	Blair
OPLINGER, MD, Arthur F	Berks
OPLINGER, MICHELE S	Student
ORAM, MD, Alan J	Columbia
ORAM, MD, Melvin	Lackawanna
ORANGE, MD, Paul D	Franklin
ORDENTLICH, MD, Elena	Philadelphia
ORDINARIO JR, MD, Vicente R	Crawford
ORDIWAY, MD, M Vernon	Elk/Cameron
ORDOUKHANIAN, ELSA	Student
ORDWAY JR, MD, Eugene E	Lehigh
ORECCHIA, MD, Paul M	Dauphin
ORIE, MD, John R	Allegheny
ORIE, MD, Judith E	Allegheny
ORINICK, MICHAEL	Student
ORLAND, MD, Steven M	Bucks
ORLANDO, MD, Joseph D	Luzerne
ORLANDO, MD, Salvatore J	Allegheny
ORLIDGE, MD, Arthur E	Somerset
ORMAN, MD, Steven K	Dauphin
ORMSON, MD, Mark J	Allegheny
ORNDORF, MD, Thomas P	Franklin
ORNE, MD, Martin T	Philadelphia
ORONS, DO, Philip D	Philadelphia
OROURKE, MD, Jo-Ann M	Berks
OROURKE, MD, John N	Montour
OROURKE, MD, Terence L	Montour
ORPHANIDES, MD, Timothy	Bucks
ORQUIZA, MD, Clodualdo S	Berks
ORR, MD, Paul L	Lehigh
ORR JR, MD, Ross M	Northampton
ORRINGER, MD, David	Allegheny
ORRIS, MD, Donald J	Jefferson
ORSINI, MD, Michael A	Beaver
ORTEGA, DO, Kenneth D	Bradford
ORTIZ, DAISY	Student
ORTIZ, MD, Edwin M	Bradford
ORTIZ, ROBERT	Student
ORTLEY, DO, Glenn R	Delaware
ORVIS, MD, Harold H	Chester
OSBERG, MD, Lisa A	Allegheny
OSBORN, MD, Hayler H	Montgomery
OSBORN, MD, Ian C	Centre
OSBORNE, MD, David P	Mckean
OSCHELL, MD, William J	Philadelphia
OSCHWALD, MD, Charles J	Cambria
OSGOOD, MD, Carroll P	Blair
OSHEKA, MD, William	Allegheny
OSIAL JR, MD, Thaddeus A	Allegheny
OSIAS, MD, Marc B	Montgomery
OSKIN, TIMOTHY C	Student
OSLICK, MD, Theodore	Philadelphia
OSMANSKI, MD, Stephen J	Allegheny
OSMICK, MD, Mary J	Philadelphia
OSOFSKY, MD, Murray V	Allegheny
OSORIO, MD, Emmanuel P	Philadelphia
OSOWSKI, MD, Thad	Washington
OST, MD, Mary A	Chester
OSTDAHL, MD, Roger H	Dauphin
OSTERHOLM, MD, Jewell L	Philadelphia
OSTERMAN, MD, A Lee	Philadelphia
OSTFELD, MD, David A	Northampton
OSTMAN, MD, Zenaida E	Dauphin
OSTROWSKI, DO, Charles A	Elk/Cameron
OSTRUM, MD, Bernard J	Philadelphia
OSTRUM, MD, Donald S	Philadelphia
OSULLIVAN, MD, Cornelius P	Allegheny
OTERO, MD, Jorge A	Lehigh
OTERO-VELEZ, MD, Susanne I	Philadelphia
OTOOLE, MD, James D	Allegheny
OTOOLE, MD, Thomas F	Philadelphia
OTT, DO, Timothy T	Allegheny
OTTE, MD, Robert W	Allegheny
OTTENBERG, MD, Donald J	Philadelphia
OTTERY, MD, Faith D	Philadelphia
OTTINGER, MD, Christopher M	Beaver
OTTONELLO, MD, Domingo G	Allegheny
OU, MD, Kuang-Yu	Allegheny
OUANO, MD, Romeo C	Luzerne
OVERBECK, MD, Michael D	Montgomery
OVERFIELD, MD, Edward M	Erie
OVERLY, MD, Wylie L	Westmoreland
OWCZYKOWSKY, MD, Bernard J	Armstrong
OWEN, MD, Rodney S	Montgomery
OWENS, MD, David E	Luzerne
OWENS, MD, E Reese	Allegheny
OWENS, DO, Edward J	Crawford
OWENS, MD, John D	York
OYER, MD, Randall A	Philadelphia
OYLER, GEORGE A	Student
OZAKI, WAYNE	Student

P

PACANOWSKI, MD, John P	Bradford
PACEK, MD, Robert F	Armstrong
PACETTI, MD, Stephen J	Monroe
PACHECO, MD, Jose M	Venango
PACHTMAN, MD, Isadore	Allegheny
PACIFICO, MD, Ronald L	Allegheny
PACIOTTI, MD, Samuel M	Monroe
PACIS, MD, Constante D	Northampton
PACIULLI, MD, Raffaele	Berks
PACKMAN, MD, Barry E	Philadelphia
PACKMAN, MD, Ira J	Dauphin
PACKOVICH, MD, Milan J	Washington
PACURARIU, MD, Radu I	Luzerne
PADALINO, MD, Michael J	Venango
PADEN, MD, Drue R	Luzerne
PADGET, MD, Edward S	Philadelphia
PADIN, MD, Frederico A	Venango
PADIYAR, MD, Ramdas B	Berks
PADOLINA, MD, Ruby M	Philadelphia
PADUA, MD, Narciso T	Philadelphia
PADULA, MD, Anthony M	Philadelphia
PAE, MD, Dong W	Westmoreland
PAE, MD, Walter E	Dauphin
PAEZ, MD, Eduardo J	Philadelphia
PAGANA, MD, John P	Northmbrland
PAGANA, MD, Timothy J	Lycoming
PAGANO, MD, Robert J	Allegheny
PAGE, MD, Michael J	Dauphin
PAGE, MD, Robert B	Dauphin
PAGE JR, MD, Edwin H	Beaver
PAGNANELLI, MD, David M	Montgomery
PAGNIELLO, MD, Lucia	Crawford
PAHLAJANI, MD, Hiro B	Philadelphia
PAI, MD, Kochikar G	Allegheny
PAIGE, MD, Cathy D	Bucks
PAINO, MD, Jane F	Allegheny
PALANDJIAN, MD, Khatchadour B	Lackawanna
PALANISAMY, MD, Subramaniam	Allegheny
PALANT, MD, Marina B	Philadelphia
PALASIUK, MARIA	Student
PALAT, DO, Herman W	Philadelphia
PALATKA, MD, Andrew A	Lawrence
PALENA, MD, Peter V	Delaware
PALEPU, MD, Showri	Allegheny
PALGUTA JR, MD, Robert F	Lancaster
PALIN, MD, William E	Bedford
PALKO, MD, David B	Allegheny
PALKOVITZ, MD, Harry P	Allegheny
PALKOVITZ, MD, Joseph	Allegheny

PALLADINO, MD, Diane P	Philadelphia
PALLAN, MD, Laura A	Allegheny
PALLAS, MD, Randolph S	Berks
PALLEN, MD, Daniel	Lancaster
PALLONE, DO, Leslie T	Beaver
PALMER, MD, Arthur H	Allegheny
PALMER, MD, Clarkson T	Philadelphia
PALMER, ERIC S	Student
PALMER, JOSETTE C	Student
PALMER, MD, Michael H	Franklin
PALMER, MD, Robert H	Philadelphia
PALMER JR, MD, Dale H	Centre
PALMER JR, MD, William E	Cambria
PALMISANO, MD, Maria	Philadelphia
PALUS, MD, Bernard R	Allegheny
PALUSHOCK, MD, Sharon	York
PALUSO, MD, Eugene F	Washington
PALUSO, MD, John R	Washington
PAN, MD, Edward L	Berks
PAN, RICHARD J D	Student
PANAHANDEH, MD, Abolhassan	Allegheny
PANARO, MD, Rudolph J	Montgomery
PANAYOTOVA, MD, Maria L	Northampton
PANCER, STUART J	Student
PANCHAL, MD, Pravin D	Allegheny
PANCOAST, MD, Stephen J	Lackawanna
PANDELIDIS, MD, P Kirk	York
PANDELIDIS, MD, Steve M	York
PANDIT, MD, Devayani I	Allegheny
PANDIT, MD, Santosh M	Allegheny
PANDOLFI, MD, Frank J	Philadelphia
PANEBIANCO, MD, Antonio C	Lehigh
PANG, MD, Dachling	Allegheny
PANG, MD, Kam-Fai	Allegheny
PANG, MD, Wei-Wu	Bradford
PANGBURN, THOMAS L M	Student
PANICCO, DO, Richard J	Washington
PANIKKAR, MD, Ananda K	Columbia
PANIS, MD, Roberto	Philadelphia
PANITCH, MD, Deborah	Philadelphia
PANSURIA, MD, Minaxi H	Philadelphia
PANTALONE, MD, Albert	Beaver
PANTALONE, MD, Angelo L	Allegheny
PANTALONE, MD, Frank A	Westmoreland
PANTALONE, MD, Richard A	Allegheny
PANZER, MD, Glenn M	Luzerne
PANZER, MD, Herman M	Montgomery
PAOLINI, MD, Mauro J	Berks
PAPAS, MD, Spiro N	Allegheny
PAPASTAMELOS, MD, Athanakies	Philadelphia
PAPAZIAN, MD, Ara	Allegheny
PAPINCAK, MD, Larry J	Fayette
PAPOLA, MD, John S	Lehigh
PAPOUTSIS, MD, Dean V	Philadelphia
PAPPANO JR, MD, Joseph E	Montgomery
PAPPAS, MD, Michael T	Allegheny
PARADISIS, PEGGY M	Student
PARADOWSKI, MD, Frank W	Philadelphia
PARAGAS SR, MD, Lamberto S	Centre
PARAMESWARIN, MD, R	Philadelphia
PARANICAS, MD, Jamie D	Philadelphia
PARCELLA, MD, Phyllis A	Berks
PARCINSKI, DO, Richard E	Cambria
PARDINE, MD, Marilyn T	Wayne/Pike
PARENT JR, MD, Fernand N	Washington
PARENTE, MD, Romulo Q	Blair
PARENTE JR, JOHN P	Student
PARENTI, MD, Dennis L	Northampton
PARENTI, MD, John M	Montour
PARESO, MD, James D	Washington
PARIKH, ALEXANDER A	Student
PARIKH, MD, Bharati K	Allegheny
PARIKH, MD, Mukul L	Dauphin
PARIKH, MD, Neelima M	Dauphin
PARIKH, MD, Shirish N	Berks
PARIS, MD, Paul M	Allegheny
PARISI, MD, Erika F	Delaware
PARK, BERNARD J	Student
PARK, MD, Boyd N	Butler
PARK, MD, Chan H	Philadelphia
PARK, MD, Chong H	Philadelphia
PARK, MD, Chong S	Erie
PARK, MD, Eugene J	Allegheny
PARK, MD, Hong S	Cumberland
PARK, MD, Jesse K	Allegheny
PARK, MD, Joon O	Beaver
PARK, MD, Joseph M	Indiana
PARK, MD, Kee B	Philadelphia
PARK, MD, Min H	Fayette
PARK, MD, Nae H	Dauphin
PARK, MD, Nancy H	Allegheny
PARK, MD, Neil I H	Cambria
PARK, MD, Pauline K	Philadelphia
PARK, MD, Sang B	Allegheny
PARK, MD, Thomas E	Fayette
PARK, MD, Young W	Lycoming
PARKER, MD, Albert F	Chester
PARKER, MD, Albert G	Allegheny
PARKER, MD, Andrew J	Mifflin/Juni
PARKER, DO, Frank	Clinton
PARKER, MD, Gerald A	Westmoreland
PARKER, MD, Janet A	Philadelphia
PARKER, MD, John S	Westmoreland
PARKER, MIRIAM	Student
PARKER, MD, Steven L	Lancaster
PARKS, MD, Donald B	Philadelphia
PARKS, DO, Joseph L	Indiana
PARKS JR, MD, Lytle R	Centre
PARLAVECCHIO, MD, Dennis S	Jefferson
PARLEE, MD, Donald E	Bucks
PARLIMENT, MD, Joel W	Lancaster
PARMELEE, DO, Toni J H	Luzerne
PARNES, MD, Curt I	Montgomery
PARNES, MD, Herbert M	Dauphin
PARNES, MD, Robert E	Philadelphia
PARONISH, MD, William J	Cambria
PARR, MD, Justin L	Philadelphia
PARRILLO, MD, Douglas W	Lackawanna
PARRY, MD, Carolyn E	Philadelphia
PARRY, MD, H Frazer	Philadelphia
PARRY, MD, John S	Mifflin/Juni
PARRY, MD, Peter	Delaware
PARRY, MD, Rhinard D	Northampton
PARSICK, MD, Daniel P	Lackawanna
PARSONS, EXEC SEC, Robert R	Lehigh
PARTHASARATHY, MD, Srinivason R	Philadelphia
PARTRIDGE, MD, Robert A	Delaware
PARTRIDGE, MD, Robert A	Philadelphia
PARVA, MD, Ghasem	Allegheny
PARVUS, MD, Dirk F	Schuylkill
PASCAL, MD, Harold J	Monroe
PASCAL, MD, Joseph	Lehigh
PASCUA, MD, Alexander V	Beaver
PASCUAL, MD, Generoso S	Allegheny
PASCUCCI, MD, Stephen E	Lackawanna
PASCUCCI, MD, Stephen E	Lackawanna
PASDAR, MD, Homayoon	Delaware
PASH, MD, Christopher A	Allegheny
PASHMAN, MD, David R	Philadelphia
PASKIN, MD, David L	Philadelphia
PASQUALE, MD, Louis R	Philadelphia
PASQUARIELLO, MD, Patrick S	Philadelphia
PASSERO, MD, Frank C	Delaware
PASTO, MD, Matthew E	Philadelphia
PASTOR, MD, James A	Lebanon
PASTORE, DOMENIC J	Student
PASTORE, GAETANO N	Student
PASTORE, TIMOTHY P	Student
PATADIA, MD, Chandrakant	Berks
PATAKI, MD, Richard S	Washington
PATALINGHUG JR, MD, Pascual N	Franklin
PATANKAR, MD, Jayant L	Elk/Cameron
PATANKAR, MD, Kalpana U	Chester
PATCHEFSKY, MD, Arthur S	Philadelphia
PATCHEN JR, MD, Patrick N	Allegheny
PATEL, MD, Arun R	Blair
PATEL, MD, Ashokkumar B	Allegheny
PATEL, MD, Bakulesh D	Montour
PATEL, MD, Bhavna C	Bucks
PATEL, MD, Bhupendra R	Lackawanna
PATEL, MD, Bhupendra R	Susquehanna
PATEL, MD, Bipinchandra M	Lackawanna
PATEL, MD, Gautam P	Allegheny
PATEL, MD, Harshad K	Philadelphia
PATEL, MD, Harshad R	Lycoming
PATEL, MD, Harshadkumar B	Lancaster
PATEL, MD, Jagdish D	Cambria
PATEL, MD, Jayantilal R	Bucks
PATEL, MD, Jaykumar	Bucks
PATEL, MD, Jivanlal M	Clarion
PATEL, MD, Kanchanlal S	Lawrence
PATEL, MD, Kantilal C	Erie
PATEL, MD, Madhukar R	Lebanon
PATEL, MD, Manojbhai P	Washington
PATEL, MD, Manojkumar R	Beaver
PATEL, MD, Manubhai R	Philadelphia
PATEL, MD, Mina G	Allegheny
PATEL, MINESH C	Student
PATEL, MD, Mohan M	Westmoreland
PATEL, MD, Mukesh A	Delaware
PATEL, MD, Nainesh M	Montgomery
PATEL, MD, Prabha H	Delaware
PATEL, MD, Prakash J	Mifflin/Juni
PATEL, MD, Pravinchandra K	Susquehanna
PATEL, MD, Purshottam N	Northmbrland
PATEL, MD, Ramesh C	Lackawanna
PATEL, MD, Rasila P	Union
PATEL, MD, Rita M	Allegheny
PATEL, MD, Sanjay D	Montgomery
PATEL, MD, Satish D	Luzerne
PATEL, MD, Shashikant B	Dauphin
PATEL, MD, Subodh G	Fayette
PATEL, MD, Vinod M	Erie
PATERNITI, MD, Samuel F	Lebanon
PATERSON, MD, Kimberly K	Delaware
PATHAK, MD, Rajani K	Jefferson
PATHEJA, MD, Jotinder K	Westmoreland
PATHROFF, MD, Robert	Montgomery
PATNAIK, MD, Ramprasad	Philadelphia
PATNAM, MD, Sridhar V	Fayette
PATRIARCO, DO, Michael S	Lehigh
PATRICIO, MD, Alejandro M	Fayette
PATRICK, MD, David B	Beaver
PATRICK, MD, David R	Beaver
PATRICK, MD, Gregory B	Allegheny
PATRICK, MD, Kathleen E	Philadelphia
PATRICK, MD, Michael A	Northampton
PATRICK, MD, Thomas E	Columbia
PATRICK, MD, Timothy A	Cambria
PATTANAYAK, MD, Minati	Bucks
PATTEN, MD, Donald A	Montour
PATTERSON, MD, Chris	Delaware
PATTERSON, MD, Christopher J	Fayette
PATTERSON, MD, John R	Philadelphia
PATTERSON, MD, John W	Northampton
PATTERSON, MD, Joseph R	Cambria
PATTERSON, MD, Leland F	Dauphin
PATTERSON, MD, Lewis T	Dauphin
PATTERSON, MD, Richard J	Dauphin
PATTERSON, MD, Yvonne A	Clarion
PATTERSON JR, MD, Arthur J	Greene
PATTI, MD, James E	Student
PATTISAPU, MD, Annapurna	Philadelphia
PATTISAPU, MD, Jogi V	Philadelphia
PATTON, MD, Anna M	Allegheny
PATTON, MD, Carla S	Bucks
PATTON, MD, George D	Allegheny
PATTON, MD, Mary L	Delaware
PATUKAS, MD, Peter C	Chester
PAUL, MD, Albert J	Philadelphia
PAUL, MD, Alvin J	Montgomery
PAUL, MD, Anthony R	Philadelphia
PAUL, MD, Boris	Monroe
PAUL, MD, Champa L	Bucks
PAUL, MD, George J	Northampton
PAUL, MD, Gerson S	Philadelphia
PAUL, MD, Hugo B	Allegheny
PAUL, MD, Jay	Butler
PAUL, MD, Laurence H	Dauphin
PAUL, MARIA A	Student
PAUL, MD, Phyllis O	Philadelphia
PAUL, MD, Richard	Allegheny
PAUL, MD, Ronald L	York
PAULETTO, MD, Ferrel J	Delaware
PAULEY, MD, Lois P	Bucks
PAULEY, MD, William G	Bucks
PAULISH, DO, John	Lackawanna
PAULONE, MD, Mary E	Allegheny
PAUTLER, MD, Stanislav	Allegheny
PAVLIC, MD, George J	Allegheny
PAVLIDES, MD, Constantinos A	Philadelphia
PAVLIS, MD, Robert J	Allegheny
PAVSEK, MD, Edward J	Allegheny
PAVUK, MD, Daniel J	Lackawanna
PAWAR, MD, Surendra V	Allegheny
PAWELSKI, MD, Richard J	Dauphin
PAWLOSKY, MD, Frank X	Allegheny
PAWLOWSKY, DO, Michael	Montgomery
PAXSON, DO, Stephen G	Mercer
PAYNE, MD, Patricia A	Crawford
PAYNE, MD, Virginia L	Northmbrland
PAZMINO, MD, Roy R	Blair
PEACOCK, MD, Thomas E	Northampton
PEAL, MD, Stanley	Allegheny
PEALE, MD, Augustin R	Philadelphia
PEARAH, MD, J David	Berks
PEARCE, MD, Steven R	York
PEARD, MD, Robert J	Allegheny
PEARLMAN, MD, Eugene S	Delaware
PEARLSTINE, MD, Beatrice	Philadelphia
PEARMAN, MD, Trevor J	Lancaster
PEARSON, MD, Frederick J	Northampton
PEARSON, MD, Harold W	Berks
PEARSON, MD, June A	Monroe
PEART, MD, Raymond E	Lancaster
PEASE, MD, Fred	Clearfield
PEASE, MD, William E	Dauphin
PECHIN, MD, Sergius P	Delaware
PECHSTEIN, MD, George R	Montgomery
PECHT, MD, Karl R	Clinton
PECK, DO, Michael L	Franklin
PECK, MD, William J	Lycoming
PECKMAN, MD, Cornelia L	Monroe
PECMAN, MD, Joanna	Allegheny
PECORA, MD, Michael J	Allegheny
PECUNIA, MD, Richard A	Allegheny
PEDIGO, MD, James M	Philadelphia
PEDROTTY JR, MD, Francis W	Philadelphia
PEFF, MD, Thomas C	Philadelphia
PEGGS, MD, Michael A	Philadelphia
PEGUERO, MD, O Alberto	Luzerne
PEIKES, MD, Irwin L	Montgomery
PEIMER, MD, Michael E	Delaware
PEINDL, MD, Paul M	Beaver
PEIRSOL, MD, Betty L	Allegheny
PEITZMAN, MD, Andrew B	Allegheny
PELCZAR, MD, Eugene W	Luzerne
PELEKANOS, MD, Michael J	Allegheny
PELENSKY, MD, Jeanne M	Philadelphia
PELICCI, MD, Leroy J	Lackawanna
PELKOFER, MD, Cletus G	Allegheny
PELKOWSKI, MD, David J	Bradford
PELLECCHIA, MD, Dennis J	Berks
PELLECCHIA, MD, Patrick E	Philadelphia
PELLEGRINI, MD, Ronald V	Allegheny
PELLEGRINI, MD, Vincent A	Berks
PELLIGRA, SAM	Student
PELLISSIER-VIOLA, MD, Theresa M	Luzerne
PELLIZZARI, MD, Rinaldo G	Erie
PELMAN, MD, Robert N	Philadelphia
PELOSI, MD, Louis M	Philadelphia
PELSZYNSKI, MD, Eugene E	Philadelphia
PELTZ, MD, Dieter E	Montgomery
PELTZER, LETICIA I	Student
PELUCIO, MARCUS A	Student
PEMBERTON, MD, Clifford H	Montgomery
PENABAD, MD, Jesus L	Philadelphia
PENCHANSKY, MD, Barry H	Lancaster
PENDLETON, MD, James L	Montgomery
PENDRAK, ROBERT B	Student
PENDRAK, MD, Robert F	Dauphin
PENETAR, DO, Martin C	Luzerne
PENG, MD, Chih-Lan	Luzerne
PENMAN, MD, William R	Chester
PENN, MD, Samuel E	Allegheny
PENNELL, MD, Rebecca G	Bucks
PENNEYS, MD, Edith T	Philadelphia
PENNINGTON, MD, Neil D	Chester
PENNOCK, MD, John L	Dauphin
PENNOCK, MD, L Lewis	Allegheny
PENNOCK, MD, Ronald S	Philadelphia
PENROD, MD, Dale S	Philadelphia
PENTA, MD, John M	Berks
PENUGONDA, MD, Dwaraki B	Luzerne
PENUGONDA, MD, Haragopal S	Luzerne
PEPE, MD, Peter F	Centre
PEPICELLO, MD, James A	Erie
PEPPER, MD, L Douglas	Allegheny
PEPPERMAN, MD, Larue E	Lycoming
PERALTA, MD, Juan O	Northmbrland
PERCH, MD, Gerald A	Montgomery
PERCH, MD, Robert B	Montgomery
PERER, MD, William A	Allegheny
PERERA, MD, L Wimal	Montgomery
PEREZ, MD, Erlinda B	Fayette
PEREZ, MD, Godofredo B	Fayette
PEREZ, MD, Horacio A	Allegheny
PEREZ, MD, Manuel A	Philadelphia
PEREZ, DO, Raymond J	Montgomery
PEREZ, MD, Ruben	Lebanon
PERFETT, MD, Alfred A	Mercer
PERILSTEIN, MD, Michael D	Berks
PERKINS, MD, Charles G	Luzerne
PERKINS, MD, Jeffrey C	Philadelphia
PERLMAN, MD, Abraham	Philadelphia
PERLMAN, MD, Henry H	Philadelphia
PERLMAN, MD, Herbert C	Cumberland
PERLMUTTER, MD, Gordon S	Berks
PERLOFF, MD, Leonard J	Philadelphia
PERLOSKI, MD, Leo	Schuylkill
PERLSTEIN, MD, Deborah A	Delaware
PERLSTEIN, MD, Samuel M	Philadelphia
PERNA, MD, Francis X	Dauphin
PERNESKI, MD, Robert L	Elk/Cameron
PERPER, MD, Joshua A	Allegheny
PERRI, MD, Francis R	Allegheny
PERRI, MD, John A	Allegheny
PERRIGE, MD, William M	Northmbrland
PERRIN, MD, Ronald L	Allegheny
PERRINE, MD, Jane E	Philadelphia
PERRONE, MD, Frank F R	Fayette
PERROTTA JR, MD, Charles	Allegheny
PERROTTO, MD, Judith A	Lebanon
PERROTTO, MD, Santle L	Philadelphia
PERRUQUET, MD, James L	Montour
PERRY, MD, Anthony M	Lackawanna
PERRY, MD, Lee C	Beaver
PERRY, MD, Raymond A	Bradford
PERRYMAN, MD, Charles A	Allegheny
PERRYMAN, MD, Charles R	Allegheny
PERSHING, MD, Hugh S	Bucks
PERSIC JR, MD, Louis A	Centre
PERSILY, MD, Eric M	Philadelphia
PERSING, MD, John H	Union
PESKE, MD, Edgar D	Erie
PESSOLANO, MD, Carl J	Allegheny
PESSOLANO, MD, Francis X	Somerset
PETER, MD, Mohan	York
PETERNEL, MD, Wayne W	Allegheny
PETERS, MD, Charles D	Lehigh
PETERS, MD, Jerome A	Allegheny
PETERS, MD, John W	Lackawanna
PETERS, MD, Leonard L	Venango
PETERS, MD, Michael	Bucks
PETERS, MD, Raymond F	Fayette
PETERS, MD, Richard A	Warren
PETERS, MD, Robert J	Fayette
PETERS, MD, Stanley F	Bucks
PETERS, TODD W	Student
PETERS, MD, Vaughan	Allegheny
PETERS, MD, Walter K	Northampton
PETERS, DO, William S	Lackawanna
PETERS II, MD, C A P	Lycoming
PETERS III, MD, Robert H	Schuylkill
PETERS JR, MD, Robert H	Luzerne
PETERSOHN, MD, J Randolph	Montgomery
PETERSOHN, MD, Jeffrey D	Delaware
PETERSON, MD, Arthur L	Montgomery
PETERSON, MD, Clifford M	Erie
PETERSON, MD, Donald D	Philadelphia
PETERSON, MD, Douglas W	Erie
PETERSON, MD, Judith R	Delaware
PETERSON, MD, Karl R	Bradford
PETERSON, MD, Roger D	Lancaster
PETERSON JR, MD, Charles B	Lancaster
PETERSON JR, MD, Jay B	Westmoreland
PETICCA, MD, Benjamin B	Allegheny
PETILLA, MD, Mariano E	Allegheny
PETKUS, MD, John A	Wayne/Pike
PETRAGLIA, MD, Angelo A	Allegheny
PETRAGLIA, MD, Paul	Allegheny
PETRAGLIA, DO, Vincent F	Allegheny
PETRAUSKI, MD, Gary T	Bucks
PETRE JR, MD, John H	Erie
PETRICK, MARCIA L	Student
PETRICK, MD, Thomas P	Westmoreland
PETRIDES, MD, Anastasia B	Delaware
PETRO, MD, Dimitri M	Washington
PETRO, KATHLEEN R	Student
PETRUCCELLI, MD, Nicholas D	Northampton
PETRUCCI, MD, William G	Philadelphia
PETRUZZELLI, MD, Guy J	Allegheny

PETT JR, MD, Stephen D	Erie
PETTAPIECE JR, MD, Milton C	Allegheny
PETTERSON, MD, Eric	Schuylkill
PETTI, MD, Theodore A	Allegheny
PETTINATO, MD, Salvatore R	Lackawanna
PETTINELLI, DO, Frank P	Philadelphia
PETTIT, MD, Horace	Philadelphia
PETTIT, MD, Mary D	Philadelphia
PETURSSON, MD, Sigurdur R	Allegheny
PETZ, DO, Darrell W	Allegheny
PEVNY, MD, Ernest	Monroe
PEW IV, MD, Joseph N	Berks
PEZZI, MD, Christopher M	Montgomery
PEZZI, MD, Pio J	Montgomery
PEZZUTI, MD, John E	Dauphin
PFAEFFLE, MD, Hugo H	Allegheny
PFEFFER, MD, William H	York
PFEFFER, MD, William H	Philadelphia
PFEIFER III, MD, William F	Lackawanna
PFEIFFER, MD, Mildred C	Philadelphia
PFEIL, MD, Russell W	Lycoming
PFISTER, MD, John A	Montgomery
PFOFF, MD, Robert M	Westmoreland
PFOHL, MD, David N	Philadelphia
PFRIMMER, MD, Wayne J	Allegheny
PFROMMER, MD, James H	Bucks
PFROMMER, MD, James M	Philadelphia
PHADKE, MD, Madhav V	Venango
PHADKE, MD, Usha M	Venango
PHADKE, MD, Yeshwant G	Indiana
PHAM, HOA V	Student
PHAN, MD, Hung X	Northampton
PHAN, MD, Ngoc An	Philadelphia
PHANSE, MD, Kalyani M	Washington
PHANSE, MD, Mohan S	Allegheny
PHARR, MD, William F	Montour
PHATAK, MD, Meena V	Montgomery
PHEASANT, MD, Thomas R	Dauphin
PHELAN, MD, William J	Cumberland
PHELAN, MD, William J	Lehigh
PHELPS, RENEE E	Student
PHELPS, MD, William R	Erie
PHEMISTER, MD, Thurman L	Elk/Cameron
PHIAMBOLIS, MD, Thomas P	Montgomery
PHILBIN, MD, Joseph F	Lackawanna
PHILBIN, MD, Terence J	Allegheny
PHILIPS, MD, Andrew J	Philadelphia
PHILLIPS, ERIC C	Student
PHILLIPS, MD, Howard T	Allegheny
PHILLIPS, MD, Jane G	Allegheny
PHILLIPS, MD, John C	Allegheny
PHILLIPS, MD, John D	Lancaster
PHILLIPS, MD, John G	Allegheny
PHILLIPS, MD, Paul F	Dauphin
PHILLIPS, MD, R Wayne	York
PHILLIPS, ROBERT E	Student
PHILLIPS, MD, Spencer D	Lancaster
PHILLIPS, MD, Vernon R	Dauphin
PHILLIPS, MD, William A	Philadelphia
PHILLIPS, MD, William W	Allegheny
PHILLIPS III, MD, Chester A	Allegheny
PHILLIPS JR, MD, Chester A	Allegheny
PHILLIPS JR, MD, Peter P	Dauphin
PHITAYAKORN, MD, Chet	Allegheny
PIASIO, MD, Mark A	Clearfield
PIATNEK-LEUNISSEN, MD, Dorothy A	Delaware
PIATT III, MD, John E	Centre
PICA, MD, James E	Westmoreland
PICCHIO, MD, Luciano A	Cumberland
PICCINI, MD, Paul A	Dauphin
PICCIOTTI, MD, Isabella M	Allegheny
PICCONE, DO, Bruce R	Philadelphia
PICCONE, CAROLYN A	Student
PICHNEY, MD, Ellen Lori	Philadelphia
PICK, MD, Ernest J	Philadelphia
PICKAR, MD, James H	Delaware
PICKENS, MD, Peter V	Montgomery
PICKERILL, MD, Robert G	Cambria
PICKERING, MD, Harold C	Philadelphia
PICKERING, MD, Jack E	Montgomery
PICZON, MD, Oscar Y	Lackawanna
PICZON, MD, Severino Y	Lackawanna
PIECHOTA, DARREN F	Student
PIEGARI, MD, Guy N	Berks
PIEPGRASS, MD, William C	Lancaster
PIERCE, MD, Frank F	Lebanon
PIERCE, MD, James C	Montour
PIERCE, MD, Leslie S	Westmoreland
PIERCE, MD, William S	Dauphin
PIERDON, MD, Steven B	Schuylkill
PIERGIES, MD, Antoni A	Philadelphia
PIEROTTI, MD, Richard J	Montgomery
PIEROTTI III, ALDINO L	Student
PIERSON, MD, Steven B	Bucks
PIERZCHALA, MD, Thomas H	Lehigh
PIEST, MD, Kenneth L	Philadelphia
PIETRAGALLO, MD, Louis D	Allegheny
PIFALO, MD, W Bradley	Allegheny
PIFER, ERIC A	Student
PIFER, MD, Gerald W	Allegheny
PIGOZZI, MD, William N	Allegheny
PIKE, MD, Anne H	Philadelphia
PIKE, MD, Debra S	Indiana
PILAREK, MD, Valentine F	Luzerne
PILCHMAN, MD, Jeffrey M	Philadelphia
PILEGGI, MD, Anthony J	Montour
PILEGGI, MD, Cecile M	Philadelphia
PILEK, MD, Eugene J	Bradford
PILEWSKI, MD, Robert M	Venango
PILGRAM, MD, Philip A	Clearfield
PILKINGTON, MD, Bryan G	Lebanon
PILMER, MD, Sharon L	Philadelphia
PINK, MD, Stuart B	Dauphin
PINKERTON, DO, Richard A	Indiana
PINKUS, MD, Harry Eli	Philadelphia
PINSK, MD, Jeffrey H	Delaware
PINSKI, MD, Gabriel	Philadelphia
PINTIMALLI, MD, Joseph T	Philadelphia
PINTO, ALAN A	Student
PINTO, MD, Thomas B	Allegheny
PINZON, ELMER G	Student
PIOTROWSKA, MD, Lucy B	Montgomery
PIPPIDIS, MD, Michael N	Delaware
PIPPIN, BARBARA A	Student
PIRAINO, MD, Anthony J	Delaware
PIRANIAN, MD, Scott S	Butler
PIRRELLO JR, MD, Anthony M	Butler
PIRRIS, MD, John	Washington
PISANO, MD, Daniel J	Philadelphia
PISARCHICK, JANE M	Student
PISH, MD, Richard J	Fayette
PISTONE, MD, Gregory A	Philadelphia
PISTONE JR, MD, Frank J	Schuylkill
PISULA JR, MD, Vincent P	Adams
PISZCZEK, MD, Joseph E	Luzerne
PITCAVAGE, MD, James G	Allegheny
PITETTI, RAYMOND J	Student
PITKOW, MD, Perry S	Delaware
PITKOW, MD, Ronald B	Bucks
PITTENGER, MD, Mary A	Philadelphia
PITTENGER, MD, Rex A	Allegheny
PITTS, MD, William H	Armstrong
PITYK JR, MD, Peter E	Lebanon
PIWOZ, MD, Seymour	Philadelphia
PIXLER, MD, Mary G	Berks
PIZANO, LOUIS R	Student
PIZZANO, MD, Joseph A	Montgomery
PIZZI, MD, Wilson B	Washington
PIZZICA, DO, Albert L	Philadelphia
PIZZIKETTI, MD, Robert J	Montgomery
PIZZUTILLO, MD, Peter D	Philadelphia
PLACCI, MD, Carlos A	Allegheny
PLACE, MD, Elmer R	Lebanon
PLAGATA, MD, Edith M	Delaware
PLANO, DO, Vincent F	Northampton
PLATKO JR, MD, William P	Allegheny
PLATT, MD, Benjamin B	Schuylkill
PLATT, MD, Dennis E	Philadelphia
PLATT, MD, Ruth M	Philadelphia
PLAZA-PONTE, MD, Mario T	Allegheny
PLESS, MD, Peter R	Crawford
PLESSET, MD, Marvin R	Allegheny
PLISKIN, MD, Mark	Monroe
PLOTKIN, ADAM S	Student
PLOTKIN, MD, Gary R	Luzerne
PLOTKIN, MD, Stanley A	Philadelphia
PLOURDE, MD, Paul V	Lancaster
PLUCINSKY, MD, Francis C	Berks
PLUMB, MD, James D	Centre
PLUME, MD, Theodore W	Montgomery
PLUMMER, MD, Lloyd G	Westmoreland
PLUMMER III, MD, William	Chester
PLUMMER JR, MD, Robert E	Mifflin/Juni
PLUNDO, DO, Gary P	Westmoreland
PLUNDO, DO, Larry J	Westmoreland
PLUNKETT, MD, Francis X	Allegheny
PLUTNICKI, MD, Ronald S	Lancaster
PLUTO, MD, Christine M	Westmoreland
PLYMYER, MD, Ray E	Berks
POA, MD, Li	Philadelphia
POBER, MD, Hymen A	Allegheny
POBER, MD, Iren J	Allegheny
POBER, MD, Kenneth A	Westmoreland
POCHAPIN, MD, Sherman W	Allegheny
PODBOY, MD, August J	York
PODELL, MD, Morris J	Philadelphia
PODOLSKY, DO, Joel	Berks
PODRASKY, MD, David F	Bucks
POE, MD, Brigid M	Allegheny
POE-ZEIGLER, MD, Robin L	York
POEHLMANN, MD, Nancy T	Philadelphia
POGGI, DO, Alfred J	Somerset
POHL, MD, Charles E	Lancaster
POJE, MD, Christopher P	Philadelphia
POKORNEY, MD, Bruce H	Lancaster
POKORNEY, MD, Dale R	Mercer
POLACHECK JR, MD, William J	Dauphin
POLAKOFF II, MD, Pedro	Philadelphia
POLAM, MD, Chandra R	Allegheny
POLAN, MD, Simon	Philadelphia
POLASHENSKI, DO, Edward S	Luzerne
POLATTY, DO, Thomas V	Clarion
POLES, DO, Gwendolyn A	Montgomery
POLEY JR. MD, Gerald E	Montgomery
POLIDORA, MD, Frank C	Luzerne
POLIDORA, MD, Joseph J	Allegheny
POLIN, MD, David G	Lancaster
POLIN, MD, Edward B	Philadelphia
POLINER, MD, Hime S	Northampton
POLINSKI, MD, Leonard J	Allegheny
POLINTAN, MD, Rodolfo S	Clearfield
POLIS, MD, Mark J	Lycoming
POLISHOOK, MD, Robert D	Philadelphia
POLITO, MD, Joseph R	Cambria
POLITZER, MD, Frank E	Berks
POLK, MD, Lewis D	Philadelphia
POLK, MD, Miriam R	Dauphin
POLL, MD, David S	Philadelphia
POLLACK, MD, David S	Blair
POLLACK, MD, Dorothy J	Allegheny
POLLACK, MD, Howard M	Philadelphia
POLLACK, MD, Marc L	York
POLLER, MD, William R	Allegheny
POLLICE, MD, Philip G	Allegheny
POLLINO, MD, Vincent	Lackawanna
POLLOCK, MD, Arthur E	Blair
POLLOCK, MD, Burton H	Allegheny
POLLOCK, DO, James D	Erie
POLLOCK, MD, Jeffrey L	Philadelphia
POLLOCK, MD, Michael S	Indiana
POLSBY, LISA S	Student
POLSKY, MD, Harry S	Montgomery
POLSKY, KAREN	Student
POLSTER, SCOTT D	Student
POMERANTZ, MD, Joel D	Philadelphia
POMERANTZ, MD, Marc B	Allegheny
POMERANTZ, MD, Philip A	Berks
POMEROY, MD, James M	Delaware
POMMERSHEIM, MD, William J	Lawrence
POMPER, GREGORY J	Student
POMPILIO, MD, Kenneth J	Bedford
POMPONIO, MD, Joseph G	Northampton
POND, MD, Harold S	Monroe
PONTIUS, MD, John G	Lancaster
PONTZ, MD, Jack B	Lancaster
PONTZER, MD, Herbert	Elk/Cameron
PONTZER, MD, Peter F	Blair
POOL, MD, Champe C	Dauphin
POOLE, MD, Edward F	Bucks
POOLE, MD, Robert	Chester
POON, EDWARD D	Student
POORE, MD, George C	Potter
POORMAN, MD, S Sturgis	Montgomery
POPAT, MD, Anjana V	Dauphin
POPE, MD, John A	Philadelphia
POPHAL, MD, Mahlon J	Lycoming
POPKAVE, MD, Arthur H	Northampton
POPKY, MD, George L	Philadelphia
POPLAWSKY, MD, Deborah A	Montour
POPOLOW, MD, Michael L	Montgomery
POPORAD, MD, George A	Philadelphia
POPOVICH, MD, John E	Allegheny
PORKOLAB, MD, Frederick L	Allegheny
PORR, MD, George H	Dauphin
PORRECA, MD, George A	Philadelphia
PORTER, MD, Albert R	Dauphin
PORTER, MD, Edgar L	Chester
PORTER, MD, Mary M	Philadelphia
PORTER JR, MD, William F	Lancaster
PORTMAN, MD, Mary A	Allegheny
PORTNER, MD, Jay H	Philadelphia
PORTNEY, MD, Steven A	Allegheny
PORTNOW, MD, Jay M	Bucks
PORTNOY, MD, Larry Neal	Philadelphia
PORTNOY, MD, Scott L	Allegheny
PORTZ, MD, Matthew C	Washington
POSATKO, MD, Peter C	Luzerne
POSATKO, MD, Robert J	Philadelphia
POSEY, MD, Dale M	Lancaster
POSNER, MD, Mark A	Montgomery
POSNER, DO, Michael H	Adams
POSNEY, MD, Joseph J	Mercer
POSSANZA, MD, Carl J	Lackawanna
POST, CHRISTOPHER R	Student
POST, MD, Jarvis H	Cambria
POTASH, MD, George C	Lebanon
POTE JR, MD, Harry H	Cambria
POTEET, MD, Tony V	Beaver
POTERA, MD, Leo P	Luzerne
POTESTA, MD, Eugene B	Erie
POTKONSKI, MD, Leopold A	Berks
POTNIS, MD, Asha V	Allegheny
POTORSKI, MD, Robert D J	Luzerne
POTRUCH, MD, Michael L	Philadelphia
POTSIC, MD, William P	Philadelphia
POTTASH, MD, Ruben R	Philadelphia
POTTER, ANN L	Student
POTTER, MD, Jeffrey N	Dauphin
POTTER, MD, Robert H	Allegheny
POTTER JR, MD, Howard P	Chester
POTTER JR, MD, Robert H	Allegheny
POTTS, MD, Asa W	Chester
POULLIOTT JR, MD, Jerome W	Lycoming
POUTOUS, MD, George W	Allegheny
POWELL, MD, Alvin P	Bucks
POWELL, MD, Gregory D	Allegheny
POWELL, MD, James R	Allegheny
POWELL, MD, Mary M	Montgomery
POWELL JR, JAMES R	Student
POWELL JR, MD, Oscar M	Allegheny
POWER, MD, John A	Allegheny
POWERS, MD, Donald V	Delaware
POWERS, MD, Victor J	Lehigh
POWERS JR, MD, Francis M	Lycoming
POZEFSKY, DO, Karen A	Chester
POZZA, MD, Nicholas J	Venango
PRABHU, MD, Anil	Allegheny
PRADELL, LAWRENCE	Student
PRADHAN, MD, Anil G	Mckean
PRADHAN, MD, Ramesh S	Philadelphia
PRAGER, MD, David	Lehigh
PRAKASH, MD, Murthappa N	Luzerne
PRANCKUN, MD, Peter J	Lancaster
PRANCKUN, MD, Peter P	Lancaster
PRASAD, MD, Ajit K	Chester
PRASAD, MD, Mahadevappa M	Butler
PRASAD, MD, Shishir C	Luzerne
PRATER, MD, John M	Luzerne
PRATT, MD, Loretta A	Delaware
PRATT, MD, Robert S	Lancaster
PRAVDER, MD, Lee B	Philadelphia
PRAWDZIK, MD, Leocadia T	Luzerne
PREATE, MD, Donald L	Lackawanna
PREHATNY, MD, John R	Philadelphia
PRELI, MD, Olindo J	Lackawanna
PREMAZA-MUELLER, DO, Alice R	Philadelphia
PRENATT, MD, William E	Beaver
PRENDERGAST, MD, Maurice D	Beaver
PRENDERGAST, MD, Michael J	York
PRENSKY, MD, Jay G	Dauphin
PRESPER, MD, John H	Luzerne
PRESS, MD, Allan J	Allegheny
PRESS JR, MD, Richard A	Bucks
PRESSMAN, MD, Edmund N	Chester
PRESSMAN, MD, Maurie D	Philadelphia
PRESSMAN, MD, Robert S	Philadelphia
PRESTEL JR, MD, Thomas F	Delaware
PRESTIFILIPPO, MD, Orazio	Northampton
PRESTIFILPPO, RITA E	Student
PRETTER, MD, Paul D	Allegheny
PREUCEL, MD, Robert W	Philadelphia
PREVOST, MD, John V	Tioga
PRICE, MD, Albert C	Lancaster
PRICE, MD, Alfred R	Allegheny
PRICE, MD, Edwin M	Somerset
PRICE, MD, Fredric V	Allegheny
PRICE, MD, Karen A	Bradford
PRICE, MD, Raphael I	Philadelphia
PRICE, MD, Richard E	Cambria
PRICE, MD, Richard T	Bucks
PRICE JR, MD, Henry L	Philadelphia
PRICE JR, MD, Joseph J	Philadelphia
PRICE JR, MD, Stuart E	Allegheny
PRICKETT, MD, John A	Bucks
PRIDE, MD, Howard B	Montour
PRIESTLEY, MARGARET A	Student
PRIMIANO, MD, George A	Monroe
PRIN, MD, William	Allegheny
PRIN, MD, William A	Adams
PRINCE, MD, Daniel S	Delaware
PRINCE, MD, Lester O	Allegheny
PRINCE, MD, Richard B	Bucks
PRINCIPATO, DO, Robert E	York
PRINGLE, MD, Jacqueline M	Allegheny
PRINGLE, MD, Robert W	Allegheny
PRIOLETTI, MD, John P	Lawrence
PRIORE, MD, Robert M	Allegheny
PRITT, MD, Pauline	Montgomery
PRIZANT, TRACY L	Student
PROBST, MD, Susan J	Berks
PROCACCI, MD, Pasquale M	Philadelphia
PROCOPIO, MD, Frank	Dauphin
PROCTOR, MD, Julian W	Allegheny
PROCTOR, MARGARET S	Student
PROCTOR, MD, Michael S	Lackawanna
PRODOEHL, MD, Anne T	Philadelphia
PRODOEHL, JOHN A	Student
PROKHOV, MD, Vassil K	Allegheny
PROMISLOFF, DO, Robert A	Philadelphia
PROMUBOL, MD, Yuwaree	Westmoreland
PRONCHIK, MD, David J	Philadelphia
PROOTHI, MD, Subhash C	Lehigh
PROPHET, STEVEN A	Student
PROPST, MD, Harry D	Wayne/Pike
PROPST-PROCTOR, MD, Sandra L	Wayne/Pike
PROSPER, MD, Magally	Philadelphia
PROSPERI, MD, Aldo J	Westmoreland
PROSTKO, MD, E Richard	Allegheny
PROUDFIT, MD, J Paul	Washington
PROVAN, MD, Charles A	Allegheny
PROVENCIO, MD, Florencio	Lebanon
PROWELL, MD, Joseph W	Lancaster
PROY, MD, Bernard C	Erie
PRUCHNIC, MD, William F	Cambria
PRUDENCIO, MD, Maria E	Lebanon
PRUDENCIO JR, MD, Jose N	Dauphin
PRUITT, MD, John D	Montgomery
PRUSAKOWSKI, DO, Joseph M	Clarion
PRUTZMAN, MD, L Donald	Chester
PRYLINSKI, MD, Gregory V	Erie
PRYLINSKI, DO, Jeffory J	Allegheny
PRYOR JR, MD, Charles A	Bucks
PUBLICKER, MD, Mark R	Allegheny
PUCCIO, EDWARD V	Student
PUCEVICH, MD, Maria V	Allegheny
PUFFENBERGER, MD, Mark W	Luzerne
PUGH, MD, James E	Philadelphia
PUGH, MD, Reginald P	Allegheny
PUGLIESE, MD, August A	Armstrong
PUGLIESE, MD, Joseph F	Luzerne
PUGLIESE, MD, Patrick D	Northmbrland
PUGLISI, MD, Anthony S	Philadelphia
PUGLISI, MD, Vincent	Philadelphia
PUJARA, MD, Devi M	Schuylkill
PULLEKINCS, MD, Joseph W	Allegheny
PULLEN, MD, Harvey T	Monroe
PUMA, MD, Samuel J	Luzerne
PUMROY, MD, Keith S	Potter
PUNDIAK, MD, Terry J	Northampton
PUNZALAN JR, MD, Catalino G	Elk/Cameron
PUPI, MD, Paul A	Beaver
PURCELL, DO, Stephen M	Lehigh
PURCELL JR, MD, Robert E	Lycoming
PURDY, MD, Richard T	Lancaster
PURKAYASTHA, MD, Arindam	Susquehanna
PURNELL, MD, John S	Centre

PURNER JR, DO, William M	Delaware
PURPURA, MD, Lawrence J	Allegheny
PURPURA, MD, Thomas R	Allegheny
PURSELL, MD, Robert N	Northampton
PURTILL, JAMES J	Student
PUSATERI JR, MD, Joseph P	Allegheny
PUSCHAK, MD, Russell B	Lehigh
PUSHKAREWICZ, MD, Michael J	Chester
PUTNAM, MD, Richard C	Philadelphia
PUTNAM III, MD, Samuel G	Montgomery
PUTPRUSH, MD, Joseph R	Luzerne
PWINT, MD, Aung	Erie
PYATT JR, MD, Robert S	Franklin
PYLES, MD, Mark C	Columbia

Q

QASIM, NADER Q	Student
QUAGLIO, MD, Nannette D	Mercer
QUALEY, DEBORAH A	Student
QUALLS, MD, Donald M	Philadelphia
QUASHIE, MD, Carlene E	Philadelphia
QUATTRONE, MD, Charles G	Allegheny
QUEEN, MD, George N	Adams
QUEENAN, JOSEPH V	Student
QUERCI, DO, John C	Luzerne
QUEREAU, MD, J Van Dyke	Berks
QUERIMIT, MD, Jorge A	Lycoming
QUESADA, MD, Manuel F	Dauphin
QUEVEDO, MD, Jonathan P	Lehigh
QUIAMBAO, MD, Melinda J	Northampton
QUICK, MD, Karla M	Dauphin
QUICKEL, MD, Kenneth E	Dauphin
QUIGLEY, CHERYL L	Student
QUILL, MD, Joseph R	Montgomery
QUILO, MD, Felicidad F	Northampton
QUILO, MD, Lino S	Northampton
QUINEY JR, MD, James J	Northampton
QUINLIN, MD, Robert F	Allegheny
QUINN, MD, Dianne M	Bucks
QUINN, MD, Graham E	Philadelphia
QUINN, MD, John R	Cambria
QUINN, DO, Philip L	Mifflin/Juni
QUINN, MD, Vincent J	Philadelphia
QUINN JR, MD, Norman J	Montgomery
QUINT, MD, Andrew R	Montgomery
QUINT, MD, Donald H	Allegheny
QUINTAS, JOHN C	Student
QUINTERO, MD, Miguel J	Allegheny
QUIRK, MD, Brian C	Dauphin
QUIRK, MD, Edward J	Montgomery

R

RAAB, MD, David B	Lancaster
RAAB, MD, Michael F	Northampton
RABER, MD, Irving M	Philadelphia
RABIN, MD, Harold S	Dauphin
RABIN, MARC H	Student
RABIN, MD, Sidney C	Chester
RABINOWITZ, MD, Howard K	Philadelphia
RABINOWITZ, MD, Linda G	Philadelphia
RABINOWITZ, MD, Philip F	Allegheny
RABSON, MD, Joseph A	Montgomery
RABSON, MD, Moses	Philadelphia
RACCIATO, MD, Peter J	Monroe
RACE, MD, David F	Erie
RACH, MD, Joel F	Washington
RACHO, MD, George J	Luzerne
RACKOW, MD, Lawrence L	Philadelphia
RADBILL, MD, Sidney G	Philadelphia
RADECKI, MD, Paul D	Philadelphia
RADER, MD, Mark D	Lehigh
RADFAR, MD, Fereydoon D	Allegheny
RADFAR, MD, Nezam	Allegheny
RADFAR, MD, Rouhangiz H	Allegheny
RADFAR, MD, Soraya Z	Allegheny
RADICE, MD, Eugene D	Columbia
RADIO, MD, Gregory J	Lehigh
RADKE, MD, Timothy A	Philadelphia
RADLER, MD, John K	Beaver
RADOFF, MD, Geoffrey P	Delaware
RADSMA, MD, Douwe L	Adams
RADWANER, MD, Bradley Arden	Philadelphia
RAEZER, MD, David M	Delaware
RAFALKO, MD, David M	Beaver
RAFFENSPERGER, MD, Bruce W	Philadelphia
RAFFENSPERGER, MD, John A	Allegheny
RAFTIS, MD, John T	Wayne/Pike
RAGER, MD, Ronald	Allegheny
RAGONESI, MD, Susan B	Philadelphia
RAGOOWANSI, MD, Tulsidas N	Beaver
RAHAUSER, MD, David M	Franklin
RAHMAN, MD, Owen R	Philadelphia
RAHMANIAN, MD, Nader	Berks
RAHNER, MD, Richard A	Erie
RAI, MD, Rajesh	Lehigh
RAINES, MD, Herbert S	Philadelphia
RAINES, MD, Jonathan M	Philadelphia
RAINEY, CYNTHIA L	Student
RAINEY, MD, Edward C	Blair
RAINEY, DO, Michael J	Lackawanna
RAISCH, MD, Frederick J	Mercer
RAIZMAN, MD, Richard E	Allegheny
RAJ, MD, Dhan	Warren
RAJ, MD, Stephen S	Erie
RAJA, GEETA	Student
RAJAN, MD, Sanda	Chester
RAJASENAN, MD, Vasudevan	Lawrence
RAJJOUB, MD, Rodwan K	Lycoming
RAJU, MD, Rudraraju P	Blair
RAKLEWICZ, MD, Michael C	Luzerne
RAKOWSKY, ALEXANDER T	Student
RALPH, MD, Nathan	Philadelphia
RALSTON, MD, Edgar L	Philadelphia
RAM, MD, Nand	Bucks
RAM, MD, Sant	Erie
RAMAGE, MD, Ann L	York
RAMAKRISHNA, MD, Nagamalli	Allegheny
RAMAKRISHNA, MD, Srinivasarao	Lackawanna
RAMAN, MD, Asha	Allegheny
RAMAN, MD, Gita S	Bradford
RAMAN, MD, Jayalaxmi	Philadelphia
RAMANATHAN, MD, Deborah	Bucks
RAMASASTRY, MD, Sai S	Allegheny
RAMBACH, MD, Leonard	Lancaster
RAMESH, MD, Makum L	Allegheny
RAMIK, MD, Otto E	Allegheny
RAMINANI, MD, Lokadri N	Montgomery
RAMIREZ, MD, Constancio	Franklin
RAMIREZ, MD, Renato P	Crawford
RAMOS, MD, Clarita P	Westmoreland
RAMOS-CARO, MD, Jose L	Lehigh
RAMS, MD, James J	Allegheny
RAMSAY, MD, Michael J	Allegheny
RAMSEY II, MD, William H	Montgomery
RAMSEY JR, MD, Harry E	Berks
RANALLI, MD, Mark A	Philadelphia
RANCIER, MD, Lee F	Lackawanna
RANCK, MD, Sidney G	Bradford
RANDALL, MD, J Perlingiero	Montgomery
RANDALL, MD, Peter	Philadelphia
RANDALL, MD, Rodney R	Allegheny
RANDALL, THOMAS A	Student
RANDALL IV, MD, Alexander	Montgomery
RANGANATH, MD, Gubbi N	Schuylkill
RANIERI, MD, Tito A	Philadelphia
RANII, MD, Carmello A	Allegheny
RANISH, MD, Deborah A	Erie
RANKIN, MD, James S	Allegheny
RANKIN, MD, Larry S	Cumberland
RANKIN, DO, R Scott	Dauphin
RANKIN, MD, S Glenn	Allegheny
RANNELS, MD, Herman W	Lycoming
RAO, MD, B Venkat	Allegheny
RAO, MD, Brinda E	Chester
RAO, MD, Leela K	Allegheny
RAO, MD, Madhava S	Lackawanna
RAO, MD, Nalini	Allegheny
RAO, MD, Ramdev K	Allegheny
RAO, MD, Usha G	York
RAO, MD, Yashoda D	Schuylkill
RAPHAEL, MD, Paul S	Lehigh
RAPHAEL, MD, Stephen A	Montgomery
RAPHAELY, MD, Russell C	Philadelphia
RAPP JR, ROBERT E	Student
RAPPAPORT, MD, Daniel M	Lehigh
RAPPAPORT, MD, Lewis B	Allegheny
RAPPAPORT, MD, Melvin M	Lehigh
RASANSKY, MD, Harry N	Philadelphia
RASCHID, MD, Sohael M	Franklin
RASCOE JR, MD, Robert R	Philadelphia
RASHBAUM, MD, Ira G	Bradford
RASHID, MD, Abdul	Schuylkill
RASHKIS, MD, Harold A	Philadelphia
RASO, MD, Dominic J	Northampton
RATHE, DO, David J	Montour
RATHGEB, MD, John M	Westmoreland
RATKE, MD, Henry V	Lycoming
RATNER, MD, Larry M	Bucks
RATNER, MD, Richard R	Delaware
RAU, MD, Ramnath S	Mercer
RAU, MD, Raymond L	Allegheny
RAUB, MD, James A	Allegheny
RAUB, MD, Jeffrey D	Venango
RAUCH, MD, Douglas	Mercer
RAUCH, SUSANNAH	Student
RAUER, MD, Lester	Philadelphia
RAVANO, MD, Jose F	Allegheny
RAVANO, MD, P R Quietson	Allegheny
RAVEL, MD, Robert L	Montgomery
RAVETZ, DO, Robert S	Philadelphia
RAVI, MD, Jan	Allegheny
RAVIOLA, MD, Carol Ann	Philadelphia
RAVITZ, MD, Gerald A	Schuylkill
RAWNSLEY, MD, Herbert H	Washington
RAWSON, MD, Helen H	Montgomery
RAY, MD, John H	Allegheny
RAY, MD, Richard L	Allegheny
RAY, MD, Tarun K	Philadelphia
RAYMOND, MD, Bruce A	Allegheny
RAYMOND, MD, Joseph W	Cambria
RAYMOND, MD, Louis C	Philadelphia
RAYMOND JR, MD, Fred D	Montgomery
RAYMUNDO, MD, Rosalinda R	Lawrence
RAYMUNDO III, MD, Ricardo B	Lawrence
RAYNAK, MD, Frank R	Mercer
RAYNER, MD, Mark E	Philadelphia
RAYNES, MD, Stanton M	Bucks
RAZACK, MD, Abdul T	Allegheny
RAZURI, MD, Rafael G	Northampton
RAZZINO, MD, Richard A	Dauphin
REAGAN, MD, Marie A	Allegheny
REAL, MD, Mark B	Chester
REAMER, MD, Donald M	Venango
REAMS, MD, Carl L	Montour
REARDON JR, MD, Paul L	Washington
REBER, MD, Howard F	Berks
RECALDE, MD, Carlos M	Mifflin/Juni
RECH, MD, Frank M	Delaware
RECIO, MD, Conrado M	Erie
RECIO, MD, Rolando G	Allegheny
RECTOR, MD, Robert D	Franklin
RED, MD, Donald E	Delaware
REDA, MD, Frank A	Allegheny
REDDING, MD, Willis A	Bradford
REDDINGTON, MD, Lura Justice	Philadelphia
REDDY, MD, Jaiveer T	Clarion
REDDY, MD, Patricia A	Dauphin
REDDY, MD, Pushpamala P	Armstrong
REDDY, MD, Ragoor K	Allegheny
REDDY, MD, Rajidi M	Lycoming
REDDY, SAI S	Student
REDDY, MD, V Saraswathi	Bradford
REDKA, MD, James W	Lycoming
REED, MD, Clifford A	Berks
REED, MD, Crystal D	Philadelphia
REED, MD, Darrell K	Allegheny
REED, MD, David M	Allegheny
REED, MD, David T	Montgomery
REED, MD, Elmer M	Centre
REED, MD, Janis E	Allegheny
REED, KRISTYN M	Student
REED, MD, Lola S	Chester
REED, MD, Mark S	Berks
REED, MD, Michael F	Clearfield
REED, MD, Pamela A	Allegheny
REED, MD, W Glenn	Allegheny
REEDMAN, MD, Gail A	Bucks
REEDY, BRIAN K	Student
REEDY, MD, Gary L	Lackawanna
REEFER, MD, John C	Butler
REEKIE, MD, Timothy G	Philadelphia
REEL, MD, Charles C	Allegheny
REEL, MD, Charles M	Westmoreland
REES, MD, Christopher J	Philadelphia
REES, MD, David B	Berks
REESE, MD, Fred W	Columbia
REESE, MD, Richard W	Lancaster
REESE, MD, Walter D	Philadelphia
REESE JR, MD, Evan C	Northampton
REFOWICH, MD, Richard S	Northampton
REGALADO, MD, Regulus D	Union
REGAN, MD, James R	Northampton
REGAN, MD, Mark C	Lancaster
REGANIS, MD, John C	Northampton
REGEC, MD, Stephen P	Elk/Cameron
REGUEIRO, MIGUEL D	Student
REHDER, MD, Karen E	Allegheny
REICH, MD, Sylvia R	Luzerne
REICH, MD, Thomas S	Venango
REICH, MD, William P	Tioga
REICHARD, MD, James L	Centre
REICHARD, MD, Richard C	Berks
REICHLER, MD, Brian D	Philadelphia
REID, MD, Daniel W	Delaware
REID, MD, James H	Northampton
REID-ARTIST, JACINTH M	Student
REIDELL, MD, John S	Centre
REIDENBERG, MD, Leon	Berks
REIFSNYDER, MD, William H	Berks
REIGART, MD, Paul M	York
REIGEL, MD, Donald H	Allegheny
REIGH, MD, Ernest E	Berks
REILLY, MD, Ann E	Chester
REILLY, MD, Charles M	York
REILLY, MD, Desmond J	Dauphin
REILLY, MD, James J	Allegheny
REILLY, MD, John C	Erie
REILLY, MD, Justine M	Erie
REILLY, MD, Kathleen J	Philadelphia
REILLY, MD, Michael J	Fayette
REILLY, MD, Paul A	Allegheny
REILLY, MD, Phillip E	Fayette
REILLY JR, MD, James J	Allegheny
REILLY JR, MD, Philip J	Westmoreland
REIMER, MD, Craig L	Schuylkill
REINA, MD, Charles R	Northampton
REINBOLD, PAUL M	Student
REINECKE, MD, Robert D	Philadelphia
REINHARD, MD, Ronald J	York
REINHARDT, MD, Pauline K	Lehigh
REINHART, MD, John W	Lehigh
REINHART JR, MD, Raymond B	Bucks
REINMUTH, MD, Oscar M	Allegheny
REINPRECHT, MD, James T	Philadelphia
REINSEL, MD, Richard C	Berks
REIS, MD, Claude J	Allegheny
REIS, MD, Paul B	Lycoming
REIS, MD, Walter J	Allegheny
REISER, MD, Harvey J	Luzerne
REISH, MD, William G	Union
REISINGER JR, MD, William E	Allegheny
REISS JR, MD, G Russell	Montgomery
REITANO JR, MD, Joseph F	Delaware
REITER, MD, David	Philadelphia
REITKNECHT, MD, Felice L	Bradford
REITSMA, MD, Douglas B	Delaware
REITZ, MD, Maryellen	Erie
REITZ, MD, Melvin L	Schuylkill
RELIGIOSO, MD, Eloisa P	Westmoreland
RELUZ, MD, Javier S	Montgomery
REMALY, MD, Donald A	Columbia
REME, MD, Linda A	Philadelphia
REMICK, DO, Paul F	Lackawanna
REMSBURG, MD, Stacia T	Philadelphia
RENDIN, MD, Larry J	Delaware
RENINGER, MD, Charles W	Lehigh
RENKERT, MD, Elizabeth E	Berks
RENNINGER, EXEC SEC, Rhonda	York
RENO, MD, Joseph D	Delaware
RENSIMER, MD, Wayne T	Bradford
RENTLER, MD, Russell J	Lehigh
RENTON, MD, Alan C	Allegheny
RENTSCHLER, MD, Henry D	Bradford
RENZ, MD, Robert T	Erie
RENZI, MD, Vincent A	Philadelphia
REPPERT, MD, William D	Northampton
RESCINITI, MD, Mark A	Adams
RESHMI, MD, Chandrappa S	Allegheny
RESNICK, MD, Albert B	Philadelphia
RESNICK, DANIEL V	Student
RESNICK, MD, Edward J	Philadelphia
RESNICK, MD, George J	Philadelphia
RESNICK, MD, Myron E	Delaware
RESNICK, MD, Paul H	Allegheny
RESNIK, MD, Alan M	Philadelphia
RESPET, MD, Patrick B	Lehigh
RESTREPO, MD, James P	Berks
RESURRECCION, MD, Rosario	Philadelphia
RESWICK, MD, Murray	Allegheny
RETTIG, MD, Stephen J	Franklin
REUBEN, MD, Mark S	Berks
REUSCHE III, DO, Frank L	Allegheny
REVAK, MD, Blairanne H	Columbia
REVAK, DO, David J	Columbia
REVAK, DO, David M	Lancaster
REX, MD, Eugene B	Montgomery
REX, MD, James C	Lehigh
REYES, MD, Alfredo M	Cambria
REYES, MD, John W	Greene
REYES, MD, Saturnino M	Beaver
REYES, MD, Vicente E	Allegheny
REYNA, MD, Oscar D	Westmoreland
REYNOLDS, MD, Herbert Y	Dauphin
REZEK, MD, Donald L	Allegheny
REZNAK, MD, Stephen E	Philadelphia
REZNICK, MD, Barry R	Beaver
RHEE, EDWARD K	Student
RHEE, MD, Soungok	Philadelphia
RHIEW, MD, Francis C	Lackawanna
RHIM, MD, Jonathan A	Philadelphia
RHOAD, ROBERT C	Student
RHOADES, DO, Dennis W	Jefferson
RHOADS, MD, Donald V	Philadelphia
RHOADS, MD, Harry M	Cambria
RHOADS, MD, Jonathan E	Philadelphia
RHOADS JR, MD, Jonathan E	York
RHODE, MD, Marvin C	Montgomery
RHODES, MD, Ernesto P	Philadelphia
RHODES, MD, Michael	Lehigh
RHODES, MD, Robert A	Delaware
RHODES III, MD, Luther V	Lehigh
RHOOD, MD, Samuel G	Delaware
RIAL, MD, William Y	Delaware
RICCHETTI, MD, Robert J	Philadelphia
RICCHIUTI, MD, A George	Schuylkill
RICCHIUTI, MD, Joseph F	Schuylkill
RICCI, MD, Joseph A	Dauphin
RICCIARDI, MD, Susan L	Delaware
RICE, MD, Donald H	Blair
RICE, MD, Eileen M	Allegheny
RICE, MD, Samuel A	Lancaster
RICE, MD, Samuel M	Allegheny
RICE III, MD, John E	Montour
RICH, MD, Dean C	Montgomery
RICH, MD, James F	Dauphin
RICHARDS, DAVID S	Student
RICHARDS, MD, John C	Bucks
RICHARDS, MD, Nelson M	Allegheny
RICHARDS, MD, Robert N	Franklin
RICHARDS JR, MD, Robert N	Franklin
RICHARDSON, MD, Claude E	Delaware
RICHARDSON, MD, David W	Philadelphia
RICHARDSON, MD, George A	Philadelphia
RICHARDSON, MD, George S	Allegheny
RICHARDSON, MD, Harrison H	Beaver
RICHARDSON, MD, James E	Washington
RICHARDSON, MD, Paul A	Philadelphia
RICHEY, MD, James E	Cambria
RICHIE, MD, A Thomas	Bucks
RICHMAN, MD, Craig G	Philadelphia
RICHMAN, MD, Kenneth A	Philadelphia
RICHMAN, MD, Tobi B	Erie
RICHMOND, MD, Allen C	Philadelphia
RICHMOND, MD, Spencer I	Montgomery
RICHTER, MD, Howard A	Delaware
RICHTER, MD, Melvyn P	Montgomery
RICHTER, MD, Paul L	Allegheny
RICKELS, MD, Karl	Philadelphia
RICKLOFF, MD, Raymond J	Erie
RICKS, MD, John E	Cumberland
RICOTTA, CHARLOTTE	Student
RICTOR, MD, Kenneth W	Franklin
RIDELLA, MD, Peter J	Cambria
RIDGWAY, MD, William G	Lancaster
RIDOUT III, MD, Daniel L	Philadelphia
RIEMER, MD, Barry L	Allegheny
RIEMER, MD, Joseph T	Montgomery
RIENZI, MD, Joseph P	Lackawanna
RIENZO, MD, Robert J	Lehigh
RIETHER, MD, Robert D	Lehigh
RIETHMILLER, MD, Grace L	Allegheny
RIFE, MD, Charles J	Dauphin
RIFFERT, MD, Paul M	Lancaster
RIFKIN, MD, Michael H	York

RIGANO JR, MD, Rudolph F	Lancaster
RIGG, MD, L Isobel	Philadelphia
RIGGLEMAN, MD, Michael P	Dauphin
RIGGS, MD, Richard V	Philadelphia
RIGHTMYER, MD, John N	Berks
RIGHTOR, MD, John T	Venango
RIGHTS, MD, Theodore H	Berks
RIGNEY JR, MD, James H	Bucks
RIGOTTI, DO, Joseph A	Montgomery
RIKE, MD, Paul M	Allegheny
RILEY, MD, Bernard J	Allegheny
RILEY, MD, Jean G	Lancaster
RILEY, DO, Kimberly L	Dauphin
RILEY, MD, Veryl M	Warren
RILLING, MD, David C	Bucks
RIM, MD, Jeung K	Lebanon
RIMPLE, MD, David F	Luzerne
RINARD, MD, Graffious L	Bedford
RINCK II, MD, George W	Union
RING, MD, Floyd O	Franklin
RING, MD, Ilona R	Delaware
RINGAWA, MD, Peter E	Columbia
RINGIEWICZ, MD, Paul A	Delaware
RINGOLD, MD, Murray H	Bucks
RINKER, MD, R James	York
RINKOFF, MD, Jeffrey S	Allegheny
RIOFSKI, MD, Anthony F	Luzerne
RIPEPI, MD, Anthony C	Allegheny
RIPEPI, MD, Jennifer K	Allegheny
RIPEPI, MD, Philip P	Allegheny
RIPPLE, MD, Paul H	Lancaster
RISING, MD, David C	Bucks
RISLEY III, WALTER P	Student
RISMILLER, MD, Ross W	Schuylkill
RITCHIE, MD, Charles A	Delaware
RITCHIE, MD, David J	Philadelphia
RITCHIE, MD, John E	Montgomery
RITCHIE, MD, Laurence T	Allegheny
RITCHIE, MD, Marianne T	Delaware
RITCHIE III, MD, John C	Philadelphia
RITSEMA, MD, Rita L	Delaware
RITTENBERG, MD, Michael H	Luzerne
RITTENHOUSE, MD, Emory A	Allegheny
RITTENHOUSE, ERIC R	Student
RITTENHOUSE, MD, Frank H	Allegheny
RITTER, MD, Charles W	Philadelphia
RITTER, MD, Deborah E	Philadelphia
RITTER, MD, Thomas J	Schuylkill
RIVAS-FLORES JR, MD, Aureliano	Montgomery
RIVERA, MD, Candido Edgardo	Philadelphia
RIVERA, MD, Edwin A	York
RIVERA, MD, Jose L	Northampton
RIVERA, MD, Victor C	Bucks
RIVERA-RODRIGUEZ, MD, Gabriel	Jefferson
RIXEY, MD, Charles O	Montour
RIZK, MD, Pamela J	Allegheny
RIZK, MD, Sherif L	Allegheny
RIZK, MD, Toufic A	Bradford
RIZKALLA, MD, Waheeb M	Cambria
RIZZO, MD, John S	Delaware
RIZZO, MD, Karen A	Philadelphia
RIZZO, MD, Thomas F	Luzerne
ROACHE, MD, Martin J	Chester
ROAF, MD, Victoria L	Allegheny
ROAT, MD, Melvin I	Allegheny
ROBB, MD, Marie E	Northampton
ROBBINS, MD, Elizabeth L	Philadelphia
ROBBINS, MD, Howard S	Lancaster
ROBBINS, MD, Mark S	Philadelphia
ROBBINS, MD, Robert	Philadelphia
ROBBINS, MD, Warren J	Lancaster
ROBBINS, WENDYE R	Student
ROBBINS, MD, William S	Philadelphia
ROBERTELLO, MD, William John	Philadelphia
ROBERTS, MD, Andrew B	Philadelphia
ROBERTS, MD, Brooke	Philadelphia
ROBERTS, DEBORAH L	Student
ROBERTS, MD, Haskell E	Lancaster
ROBERTS, MD, Joan M	Philadelphia
ROBERTS, MD, John H	Chester
ROBERTS, MD, John M	Philadelphia
ROBERTS, PETER F	Student
ROBERTS, DO, Robert L	York
ROBERTS, MD, Thom R	Allegheny
ROBERTS JR, MD, Philip G	Centre
ROBERTSON, MD, J Scott	Dauphin
ROBERTSON, MD, John J	Berks
ROBERTSON, MD, John L	Warren
ROBERTSON, MD, John W	Philadelphia
ROBERTSON, MD, Roger J	Franklin
ROBERTSON, MD, William W	Philadelphia
ROBIN, DO, F Philip	Philadelphia
ROBINS, MD, Donald E	Allegheny
ROBINS, MD, Hugh B	Allegheny
ROBINSON, MD, Frederick A	Philadelphia
ROBINSON, MD, James A	York
ROBINSON, MD, Jay A	Blair
ROBINSON, MD, John N	Allegheny
ROBINSON, MD, Joseph	Luzerne
ROBINSON, MD, Judith H	Philadelphia
ROBINSON, MD, Leslie E	York
ROBINSON, MD, Michael L	Bucks
ROBINSON, MD, Michael L	Berks
ROBINSON, MD, Nathaniel M	Philadelphia
ROBINSON, PETER N	Student
ROBINSON II, MD, George R	York
ROBINSON JR, MD, Elliott S	Bradford
ROBINSON JR, MD, James J	Philadelphia
ROBINSON JR, MD, Warren L	Lycoming
ROBISON, MD, Elizabeth A	Chester
ROBISON, MD, Robert N	Dauphin
ROBISON, MD, Walter J	Allegheny
ROBY, MD, David S	Philadelphia
ROCCA, ANDREW F	Student
ROCCARIO, DO, Dante S	Delaware
ROCCO, JACK F	Student
ROCCO, MD, Nicholas J	Philadelphia
ROCHE, MD, Karen R	Allegheny
ROCHE, MD, Robert J	Erie
ROCHE JR, MD, Edward J	Mckean
ROCHMAN, MD, Alan J	Dauphin
ROCK, MD, Elizabeth D	Chester
ROCK, MD, James A	Cambria
ROCK, MD, Leonard L	Somerset
ROCKOWER, MD, Roger A	Centre
ROCKWELL, MD, Bruce H	Allegheny
RODA, DO, David M	Lancaster
RODA, MD, Paul I	Luzerne
RODENBERGER, MD, Bruce M	Lehigh
RODGERS, MD, Carla	Philadelphia
RODGERS, MD, Charles H	Delaware
RODGERS, MD, Charles J	Lycoming
RODGERS, MD, David M	Philadelphia
RODGERS, MD, Edson R	Beaver
RODGERS, MD, Florence E	Philadelphia
RODGERS, MD, Joseph F	Philadelphia
RODGERS, MARK S	Student
RODGERS III, MD, William H	Montgomery
RODRIGO, MD, Concepcion V	Luzerne
RODRIGUEZ, MD, Adolfo E	Berks
RODRIGUEZ, ALEXANDER	Student
RODRIGUEZ, MD, Alfonso	Luzerne
RODRIGUEZ, MD, Dolores E	Montour
RODRIGUEZ, MD, Edsel A	Northmbrland
RODRIGUEZ, MD, George L	Philadelphia
RODRIGUEZ, MD, Hugo F	Delaware
RODRIGUEZ, MD, Joseph A	Monroe
RODRIGUEZ, MD, Julio A	Blair
RODRIGUEZ, MD, Rodolfo E	Dauphin
RODRIGUEZ-FEO, MD, Raul	Cambria
ROE, MD, Eugene J	Lackawanna
ROE, MD, Hans S	Cumberland
ROE, MD, Robert E	Luzerne
ROEDDER, MD, Susan L	Philadelphia
ROEDER, MD, Donald K	Cumberland
ROEDER, MD, Kathleen M	Bucks
ROEDIGER, MD, Paul M	Montgomery
ROESHOT, MD, Douglas E	Montour
ROGAL, MD, Michael J	Allegheny
ROGALLA, MD, Charles S	Lackawanna
ROGAN II, MD, James R	Lycoming
ROGERS, MD, Albert K	Lancaster
ROGERS, MD, Clinton L	Somerset
ROGERS, MD, George E	Cambria
ROGERS, MD, Hugh J	Centre
ROGERS, MD, James F	Philadelphia
ROGERS, MD, John F	Northampton
ROGERS, MD, Jonathan J	Montgomery
ROGERS, MD, Kenneth D	Allegheny
ROGERS, DO, Kenneth H	Philadelphia
ROGERS, MD, Kenneth J	Centre
ROGERS, MD, Paul H	Chester
ROGERS, MD, R Claude	Philadelphia
ROGERS, MD, Steven	Allegheny
ROGERS, MD, Vincent P	Erie
ROGERS JR, MD, John P	Dauphin
ROGERS JR, MD, Robert M	Armstrong
ROGERSON, MD, David R	Cambria
ROGEVICH, DO, Joseph E	Lancaster
ROGOW, MD, Edward	Allegheny
ROGOWSKI, MD, Raymond A	Chester
ROHATGI, MD, Anita	Northampton
ROHATGI, MD, Rajeev	Northampton
ROHLAND, MD, Donald V	Dauphin
ROHN, MD, Stephen G	Allegheny
ROHNER JR, MD, Thomas J	Dauphin
ROHRABAUGH JR, MD, Charles M	Dauphin
ROHRBECK, MD, Charles W	Centre
ROHRER, MD, G Victor	Dauphin
ROHRER, MD, George R	Lycoming
ROIG, MD, George M	Allegheny
ROITMAN, MD, Harry B	Philadelphia
ROJAS, MD, Julio R	Luzerne
ROJER, MD, Charles L	Montgomery
ROKAW, MD, Michael D	Allegheny
ROKE, MD, Albert D	Berks
ROLAND, MD, Frederick H	Lehigh
ROLLO, MD, Daniel P	Lebanon
ROLNICK, MD, Barbara S	Philadelphia
ROMAN, MD, Laurian	Philadelphia
ROMAN, MD, Stephen J	Westmoreland
ROMANO, MD, Janet E	Philadelphia
ROMANO, MD, Joseph M	Allegheny
ROMANO, MD, Vincent E	Bucks
ROMANOFF, MD, David	Philadelphia
ROMANOW, MD, Peter W	Philadelphia
ROMANZO, MD, George M	Montgomery
ROMEIKA, MD, Mary M	Schuylkill
ROMEO, MD, Bruno J	Cumberland
ROMEO, MD, Victoria J	Clinton
ROMIG, MD, Ronald S	Berks
ROMINGER, MD, C Jules	Chester
ROMISHER, MD, Marc K	Chester
ROMM, MD, Daniel S	Dauphin
ROMMEL, MD, Catherine T	Lancaster
ROMMEL, MD, F Michael	Lancaster
ROMMEL, MD, Frank L	Allegheny
ROMMEL, MD, Victoria	Beaver
ROMOFF, TODD T	Student
ROMY, MD, Maurice	Philadelphia
RONDINA, MD, James B	Luzerne
RONEY, MD, T James	Allegheny
RONGAUS, MD, William J	Washington
RONIS, MD, Max L	Philadelphia
RONNERMANN, MD, Drew P	Montgomery
ROODE, MD, Albert G	Venango
ROODE, MD, Philip J	Venango
ROOKLIN, MD, Anthony R	Delaware
ROONEY, MD, David G	Montgomery
ROONEY, MD, Joseph W	Beaver
ROOS, MD, Alfred T	Erie
ROOS, DO, Eugene H	Delaware
ROOS, MD, Leon	Adams
ROQUIZ, MD, Eliseo M	Erie
RORICK, MD, Nicholas R	Montgomery
RORKE III, MD, John H	Chester
ROS, MD, Emil J	Allegheny
ROSA, MD, Gay Heidi	Philadelphia
ROSALES, MD, Gabriel B	Bucks
ROSALES, MD, Mary Theresa O	Allegheny
ROSAN, DO, Jay R	Montgomery
ROSAN, DO, Stuart W	Bucks
ROSARIO JR, MD, Eliseo	Cumberland
ROSARIO-LEON, MD, Nelson R	York
ROSATO, MD, Donald J	Chester
ROSATO, MD, Ernest F	Philadelphia
ROSATO, MD, Francis E	Philadelphia
ROSCH, MD, Julius C	Blair
ROSCHEL, MD, Robert L	Lancaster
ROSCOE, MD, Constantine	Philadelphia
ROSCOE, MD, Gregory J	Jefferson
ROSE, MD, Carol E	Allegheny
ROSE, MD, David	Montgomery
ROSE, MD, Elizabeth K	Philadelphia
ROSE, MD, Frederick B	Bradford
ROSE, MD, Henry S	Philadelphia
ROSE, MD, Joel E	Dauphin
ROSE, MD, John F	Montour
ROSE, KIMBERLY A	Student
ROSE, MD, Leslie I	Philadelphia
ROSE, MD, Lewis J	Philadelphia
ROSE, MD, Robert M	Montgomery
ROSEFSKY, MD, Jonathan B	Montgomery
ROSEMAN, MD, Richard L	Delaware
ROSEMOND, MD, George P	Philadelphia
ROSEN, MD, Bernard A	Allegheny
ROSEN, MD, Bruce J	Delaware
ROSEN, MD, Daniel H	Venango
ROSEN, MD, David	Philadelphia
ROSEN, MD, John N	Bucks
ROSEN, MD, Joseph H	Philadelphia
ROSEN, MD, Leonard	Delaware
ROSEN, MD, Lester	Lehigh
ROSEN, MD, Lisa S	Philadelphia
ROSEN, MD, Marc R	Philadelphia
ROSEN, MD, Marvin I	Philadelphia
ROSEN, MD, Randy A	Lehigh
ROSEN, MD, Rhoda	Philadelphia
ROSEN, SCOTT F	Student
ROSENAU, DO, Alexander M	Lehigh
ROSENBACH, MD, Loren M	Allegheny
ROSENBAUM, MD, Aron	Cambria
ROSENBAUM, MD, Carl A	Philadelphia
ROSENBAUM, LAWRENCE C	Student
ROSENBAUM JR, MD, Leon	Philadelphia
ROSENBERG, MD, Frank	Delaware
ROSENBERG, MD, George L	Allegheny
ROSENBERG, MD, Henry	Philadelphia
ROSENBERG, MD, Howard D	Lehigh
ROSENBERG, MD, Irving	Philadelphia
ROSENBERG, MD, Jennifer T	Allegheny
ROSENBERG, MD, Kenneth C	Philadelphia
ROSENBERG, MD, Lawrence S	Cambria
ROSENBERG, MD, Manuel	Philadelphia
ROSENBERG, MD, Paul E	Philadelphia
ROSENBERG, MD, Paul R	Allegheny
ROSENBERG, MD, Philip	Montgomery
ROSENBERG, MD, Philip	Philadelphia
ROSENBERG, MD, Randy M	Philadelphia
ROSENBERG, MD, Robin E	Philadelphia
ROSENBERG, MD, Seth I	Montgomery
ROSENBLATT, MD, Daniel E	Allegheny
ROSENBLATT, SOLON L	Student
ROSENBLATT, MD, Stanley A	Luzerne
ROSENBLATT, MD, Stanley G	Cambria
ROSENBLOOM, MD, Meyer A	Allegheny
ROSENBLOOM, MD, Richard C	Allegheny
ROSENBLOOM, MD, Stanley E	Allegheny
ROSENBLUM, MD, Frances L	Montgomery
ROSENBLUM, MD, Mindy F	Philadelphia
ROSENBLUM, MD, Norman G	Philadelphia
ROSENBURG, MD, Sidney A	Allegheny
ROSENCRANS, MD, David L	Allegheny
ROSENFELD, MD, Bernard D	Lackawanna
ROSENFELD, MD, David J	Lancaster
ROSENFELD, MD, Howard	Montgomery
ROSENFELD, MD, Jack C	Montgomery
ROSENFELD, MD, Joel C	Northampton
ROSENFELD, MD, Philip A	Montgomery
ROSENFELD, MD, Richard N	Montgomery
ROSENFELD, MD, Ronald N	Delaware
ROSENMAN, MD, Howard D	Bucks
ROSENN, MD, Marc F	Montgomery
ROSENOW JR, MD, Edward C	Philadelphia
ROSENSTOCK, RACHEL J	Student
ROSENSWEIG, MD, William	Luzerne
ROSENTHAL, MD, David E	Philadelphia
ROSENTHAL, DAVID M	Student
ROSENTHAL, DO, Michael S	Montgomery
ROSENTHAL, MD, Stephen I	Lackawanna
ROSENWASSER, MD, George D	Dauphin
ROSENWASSER, MD, Robert Hillel	Philadelphia
ROSENZWEIG, MD, Max	Philadelphia
ROSENZWEIG, MD, Seth E	Berks
ROSETT, MD, Jeffrey S	Philadelphia
ROSIECKI, MD, Michael W	Lackawanna
ROSKA, MD, Jose C	Columbia
ROSKO, MD, Thomas J	Bucks
ROSNER, MD, Isador K	Philadelphia
ROSNER, MD, Michael J	Montgomery
ROSS, MD, Abraham	Lehigh
ROSS, MD, D Gwendolyn	Allegheny
ROSS, MD, Daniel I	Lehigh
ROSS, MD, Gary W	Lackawanna
ROSS, HELEN L	Student
ROSS, MD, Patricia E	Chester
ROSS, MD, R Douglas	Philadelphia
ROSS, MD, Vincent L	Lackawanna
ROSS, MD, William M	Bucks
ROSS III, MD, Arthur J	Philadelphia
ROSSI, MD, John A	Dauphin
ROSSI, MD, John C	Allegheny
ROSSI JR, MD, Ralph A	Chester
ROSSMAN, MD, Max	Lehigh
ROSSMAN, MD, Ronald E	Philadelphia
ROST, MD, Charles R	Lancaster
ROST, MD, Kay S	Westmoreland
ROSTAIN, MD, Anthony L	Philadelphia
ROSTOCK, MD, Robert A	Luzerne
ROSVOLD, MD, David N	Philadelphia
ROTH, DO, Carl	Erie
ROTH, GREGORY S	Student
ROTH, MD, James L	Philadelphia
ROTH, JONATHAN A	Student
ROTH, MD, Jonathan V	Philadelphia
ROTH, MD, Katalin E	Philadelphia
ROTH, DO, Michael A	Mercer
ROTH, DO, Raymond D	Montour
ROTH, MD, Russell B	Erie
ROTH JR, MD, George R	Dauphin
ROTHACKER JR, MD, Gerald W	Lancaster
ROTHENBERGER, MD, Marvin K	Lehigh
ROTHENBERGER, MD, Rodger F	Chester
ROTHERMEL, MD, Franklin J	Montour
ROTHFUSS, MD, Daniel A	Berks
ROTHKOPF, MD, Brad M	Philadelphia
ROTHKOPF, MD, Henry	Philadelphia
ROTHMAN, MD, David L	Allegheny
ROTHMAN, MD, David L	Mercer
ROTHMAN, MD, Keith S	Bucks
ROTHMAN, MD, Richard H	Philadelphia
ROTHROCK, MD, Gilmore M	York
ROTHSCHILD, MD, Jeffrey M	Allegheny
ROTHSCHILD, MD, John A	Luzerne
ROTHSTEIN, MD, Edward P	Bucks
ROTHSTEIN, MD, Kenneth D	Philadelphia
ROTHSTEIN, MD, N Zel	Chester
ROTOR, MD, Marilyn L	Lancaster
ROTTENBERG, DO, Louis	Philadelphia
ROTTSCHAEFER, MD, Bernard L	Westmoreland
ROUMM, MD, Alan D	Dauphin
ROUSE, MD, Paul V	Philadelphia
ROUSE, MD, Steven B	Bradford
ROUSSEL, MD, Paula L	Dauphin
ROVINSKI, MD, Helen T	Lebanon
ROVITO, MD, Peter F	Lehigh
ROVNER, MD, Harold	Philadelphia
ROVNO, MD, Herbert	Philadelphia
ROWAN, MD, Noel M	Berks
ROWAN, MD, Paul J	Lancaster
ROWAN, MD, Sandra K	Berks
ROWANE, DO, William A	Erie
ROWE, MD, Lee D	Philadelphia
ROWE JR, MD, Kenneth W	Cambria
ROWEHL, MD, Jane B	Dauphin
ROWLAND, MD, Harold A	Montgomery
ROWLAND III, PAUL L	Student
ROWLEY, MD, Richard S	Chester
ROWMAN, MD, Leo	Philadelphia
ROXBY, ANDREW B	Student
ROXBY, MD, Bruce S	Philadelphia
ROY, MD, John	Bucks
ROY, MD, Robert H	Philadelphia
ROY III, MD, Emile P	Centre
ROYAL, MD, David R	Cumberland
ROYAL, MD, Mike A	Allegheny
ROYER, MD, Thomas C	Montour
ROYFE, MD, Michael A	Allegheny
ROZANSKI, MD, Stanley J	Berks
ROZANSKI JR, MD, Lawrence T	Philadelphia
ROZICK, MD, Mark S	Mercer
ROZWADOWSKI, MD, Jack V	Erie
ROZWAT, MD, Maurice S	Chester
RUBASH, MD, Harry E	Allegheny
RUBBO, MD, Ernest R	Franklin
RUBEN, MD, Jerold R	Washington
RUBEN, MD, Malcolm E	Washington
RUBENFIELD, MD, Arnold D	Allegheny

RUBENSTEIN, MD, Morton J	Dauphin
RUBIN, DO, Carl S	Philadelphia
RUBIN, MD, Emanuel	Philadelphia
RUBIN, MD, Emma	Lackawanna
RUBIN, MD, Harvey M	Allegheny
RUBIN, MD, I Edward	Philadelphia
RUBIN, MD, Jeffry F	Montgomery
RUBIN, MD, Jonathan D	Philadelphia
RUBIN, MD, Jonathan M	Philadelphia
RUBIN, MD, Joyce R	Philadelphia
RUBIN, MD, Lore R	Allegheny
RUBIN, MD, Marc R	Philadelphia
RUBIN, DO, Morton	Delaware
RUBIN, MD, Morton L	Dauphin
RUBIN, MD, Nathan W	Montgomery
RUBIN, MD, Peter E	Montgomery
RUBIN, MD, Robert F	Delaware
RUBIN, MD, S Bruce	Philadelphia
RUBIN, MD, Seth Myles	Philadelphia
RUBINO, MD, Mark A	Allegheny
RUBINSTEIN, ADAM J	Student
RUBINSTEIN, MD, Debra N	Allegheny
RUBIO, MD, Emir W	Delaware
RUBIO, MD, Wilfredo V	Allegheny
RUBRIGHT, MD, George L	Berks
RUBRIGHT JR, MD, Herbert C	Schuylkill
RUBRIGHT SR, MD, Herbert C	Schuylkill
RUBY, MD, Edward B	Delaware
RUDDEN, MD, Ann	Bucks
RUDIN, MD, Jennifer E	Allegheny
RUDLEY, MD, Lloyd D	Philadelphia
RUDNICK, MD, Herman D	Philadelphia
RUDNICK, MD, Jon	Allegheny
RUDNITZKY, MD, Jerome	Delaware
RUDOLPH, MD, Joseph	Philadelphia
RUDOLPH, MD, Joseph P	Allegheny
RUDOLPH, MD, Kenneth H	Lackawanna
RUDOLPH, MD, Robert I	Berks
RUDOLPH JR, MD, Samuel F	Montgomery
RUDUSKY, MD, Basil M	Luzerne
RUDZINSKI, AMY J	Student
RUEBEL, MD, Armin A	Bucks
RUEGER, MD, Raimund G	Allegheny
RUEHL, MD, William W	Washington
RUETSCHI, MD, Maja S	Union
RUFE, MD, Redding H	Bucks
RUFF, MD, Curtis C	Butler
RUFFINI, MD, John J	Delaware
RUFFLE, MD, Joan M	Dauphin
RUGART, MD, Karl F	Philadelphia
RUGEL, MD, Stanley J	Philadelphia
RUGGIERO, DO, Dominic	Lackawanna
RUGGIERO, MD, Nicholas J	Luzerne
RUGGIERO, MD, Robert A	Chester
RUGGIERO, VINCENT	Student
RUHT, MD, Barry A	Lehigh
RUIZ, MD, Cesar A	Allegheny
RUL-LAN, MD, Carlos D	Westmoreland
RULIN, MD, Marvin C	Allegheny
RUMBAUGH, MD, Marshall U	Luzerne
RUMBAUGH, MD, Ross S	Somerset
RUMBAUGH, MD, William P	Philadelphia
RUMBAUGH JR, MD, James O	Perry
RUMBLE, MD, Thomas R	Allegheny
RUMBLE JR, MD, Charles T	Allegheny
RUMERY, MD, Christopher G	Philadelphia
RUMPF, MD, Christopher B	Monroe
RUMSEY, MD, John L	Monroe
RUMSEY, MD, William P	Delaware
RUNCO, MD, Angelo S	Allegheny
RUNDORFF, MD, Robert L	Cambria
RUNK, MD, Lorenzo G	Philadelphia
RUNYAN, DO, John L	Columbia
RUNYEON, MD, William K	Berks
RUPP, MD, Robert A	Fayette
RUPPENTHAL, MD, J Bruce	Lackawanna
RUSCHAK, MD, Paul J	Allegheny
RUSH, MD, Calvin C	Greene
RUSH, MD, John F	Fayette
RUSIN, MD, Lawrence C	Erie
RUSLI, MD, Michael	Chester
RUSNAK, JAMES M	Student
RUSNAK, MD, Joseph G	Dauphin
RUSSEK, MD, Edward	Dauphin
RUSSELL, DO, James A	Bradford
RUSSELL, MD, Marie O	Delaware
RUSSELL, MD, Richard L	Dauphin
RUSSELL JR, MD, Bertram R	Chester
RUSSIN, MD, Mary S	Union
RUSSINO, MD, Joseph L	Delaware
RUSSINOVICH, MD, Nicholas A E	Allegheny
RUSSMAN, MD, Richard B	Allegheny
RUSSO, MD, Anthony F	Lancaster
RUSSO, MD, John F	Schuylkill
RUSSO, MD, Joseph F	Allegheny
RUSSO, MD, Michael P	York
RUSSO JR, DO, Anthony P	Erie
RUTBERG, MD, Franklin L	Philadelphia
RUTBERG, MD, Michael	Philadelphia
RUTENBERG, MD, Harold L	Philadelphia
RUTH, MD, Corey K	Philadelphia
RUTH, MD, D Henry	Beaver
RUTHARDT JR, MD, Frederick W	Fayette
RUTKOSKI, MD, Pamela E	Lycoming
RUTLAND, MD, Hedley E	York
RUTLEDGE, MD, Phyllis E	Greene
RUTMAN, MD, Deanna L	Allegheny
RUTT, MD, John M	Lancaster
RUTT JR, MD, Clarence H	Lancaster
RUTTA, MD, David	Lackawanna
RUTTENBERG, MD, Bertram A	Philadelphia
RUTTENBERG, DO, Norman F	Philadelphia
RUZBARSKY, MD, Joseph J	Lackawanna
RYAN, MD, Charles S	Philadelphia
RYAN, MD, Debra A	Bradford
RYAN, MD, John J	Northampton
RYAN, KATHLEEN F	Student
RYAN, MD, Lawrence W	Montgomery
RYAN, MD, Marilyn	Delaware
RYAN, MD, William C	Somerset
RYAN, MD, William F	Monroe
RYAN JR, DO, Edward F	Delaware
RYCHAK, MD, John S	Dauphin
RYCKMAN, MD, William F	Westmoreland
RYCZAK, MD, Mary	Lackawanna
RYDEN, MD, Janice B	Philadelphia
RYDER JR, MD, Kenneth G	Lehigh
RYDZE, MD, Richard A	Allegheny
RYDZE, MD, Robert A	Allegheny
RYMER, MD, David B	Allegheny
RYNIER, MD, Donald L	Lancaster
RYOO, MD, In O	Allegheny
RYSCAVAGE, MD, Thomas S	York

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SAAB, MD, Elie M	Philadelphia
SAACKS, MD, Dennis L	Dauphin
SAAVEDRA, MD, Diogenes A	Crawford
SABA, PHILIP R	Student
SABANAYAGAM, MD, Ponnampalam	Philadelphia
SABATELLE, MD, Robert C	Allegheny
SABATELLI, MD, Frank W	Dauphin
SABEH, MD, George	Allegheny
SABEH, MD, Raif K	Allegheny
SABO, ERIN M	Student
SABOKBAR, MD, Nasser	Montgomery
SABOL, CAROLYN L	Student
SABOL, MD, John B	Cumberland
SABOL, MD, Louise J	Montour
SABRE, MD, Craig A	Monroe
SABRI, MD, Philip J	Franklin
SABUGO, MD, Evelyn F	Philadelphia
SACCO, MD, Matthew A	Allegheny
SACCO, MD, Russell J	Allegheny
SACHAKUL, MD, Chitrinee	Westmoreland
SACHAROK, MD, Cynthia A	Delaware
SACHDEV, MD, Ranjan	Northampton
SACHDEVA, MD, Ajit K	Philadelphia
SACHDEVA. MD, Ravindra K	Mercer
SACHS, MD, Marvin L	Philadelphia
SACHS, MD, Murray	Allegheny
SACKHEIM, MD, Robert	Bucks
SACKL, MD, Terri L	York
SACKMAN, MD, Ira	Dauphin
SACKS, MD, David	Berks
SACKS, MD, Edmond J	Chester
SACKS, MD, Ellis H	Montgomery
SACKS, MD, Richard P	Lebanon
SACKS, DO, Stephen E	Montgomery
SADEKNI, MD, Marwan E	Westmoreland
SADIK, MD, Shahin A	Philadelphia
SADKA, MD, George M	Clinton
SADLER, MD, John M	Allegheny
SADOFF, MD, Robert L	Montgomery
SADORRA, MD, Nenita Caoagas	Philadelphia
SADOWSKI, MD, Hubert F	Allegheny
SADR, MD, Farrokh S	Lehigh
SADWIN, MD, Arnold	Philadelphia
SAFIER, MD, Joel	Allegheny
SAFYAN, MD, Eric L	Allegheny
SAFYAN, MD, Susan L	Allegheny
SAGALOW, MD, Barry R	Philadelphia
SAGAN, MD, Elizabeth R	Allegheny
SAGEL, DO, Henry K	York
SAGEN, MD, William	Bucks
SAGER, MD, Ethel	Philadelphia
SAGER, DO, Marshall H	Montgomery
SAGGE, MD, Perla S	Northampton
SAGHAFI, MD, Darius	Westmoreland
SAHL, MD, Henry G	Philadelphia
SAHLANEY, MD, William J	Cambria
SAHOO, MD, Dilliswar	Schuylkill
SAHOO, MD, Kashinath	Berks
SAHOVEY, MD, James R	Allegheny
SAIDMAN, MD, Lester M	Luzerne
SAIFEE, MD, Kutub M	Allegheny
SAILER, MD, Dale W	Lancaster
SAILER, JAY G	Student
SAIONTZ, MD, Howard I	Cambria
SAKACH, MD, Valerie A	Washington
SAKKAL, MD, Saad	Mercer
SALAK, MD, I Nana	Philadelphia
SALAK, MD, Wasyl W	Philadelphia
SALAM, MD, Mahi	Chester
SALAMIE, MD, Gabriel L	Allegheny
SALAND, MD, David K	Delaware
SALANON, MD, Paul	Philadelphia
SALAS, MD, Marty M	Cambria
SALATKA, MD, Karl W	Westmoreland
SALAZAR, MD, Edgardo P	Carbon
SALAZAR, MD, Pedro A	Luzerne
SALCEDO, MD, Wilfredo G	Northampton
SALDANA, MD, Idel J	Jefferson
SALEEM, MD, Mohammad A	Lackawanna
SALEH, MD, Ahmab N	Philadelphia
SALES, MD, Irving J	Philadelphia
SALES, MD, Phoenix M	Philadelphia
SALGADO, MD, Edward M	Northampton
SALIM, MD, Bozorgmehr	Delaware
SALINDONG, MD, Jaime P	Montgomery
SALKIND, MD, Gary D	Delaware
SALKIND, MD, Gene Z	Philadelphia
SALKO, MD, Gregory J	Lackawanna
SALLASH JR, MD, Robert J	Northampton
SALNER, MD, Nathan P	Philadelphia
SALOMON, MD, Michael A	Westmoreland
SALSBERRY, MD, Mark D	Washington
SALTZBURG, DO, Michael C	Blair
SALTZMAN, MD, Marcus B	Philadelphia
SALVAGE, MD, Robert H	Philadelphia
SALVAGNO, MD, Ralph T	Franklin
SALVATORE, MD, Michael R	Erie
SALVITTI, MD, E Ronald	Washington
SALVO, MD, Paul J	Philadelphia
SALVOZA, MD, Manuel I	Allegheny
SALZMAN, DO, Gary R	Philadelphia
SAMAD, MD, Mohammad A	Northmbrland
SAMADANI, MD, Siroos R	Allegheny
SAMAHA JR, MD, A Michael	Montgomery
SAMARASINGHE, MD, Gunasiri	Erie
SAMELSON, MD, Leo	York
SAMET, MD, Sherwood L	Monroe
SAMHOURI, MD, Farouq A	Philadelphia
SAMIES, MD, John H	Lehigh
SAMII, MD, Abdol H	Luzerne
SAMII, MD, Ali M	Cambria
SAMIMI, MD, Farokh	Philadelphia
SAMITT, DO, Joel L	Lancaster
SAMITZ, MD, M Harriss	Philadelphia
SAMODIO, MD, Evelyn I	Bucks
SAMPATH, MD, Krishna	Philadelphia
SAMPATHACHAR, MD, Kakkadasam R	Philadelphia
SAMUELS, MD, Allen J	Allegheny
SAMUELS, TODD L	Dauphin
SAMUELSON, MD, Joel S	Monroe
SANCHEZ, MD, Hector E	Delaware
SAND, MD, David J	Montgomery
SAND, DO, Neil L	Montgomery
SAND, MD, Vijaichand S	Columbia
SANDBERG, MD, James A	Lehigh
SANDBERG, MD, Theodore E	Allegheny
SANDEL, MD, Mary E	Philadelphia
SANDER, MD, Elizabeth B	Dauphin
SANDERS, MD, Richard D	Allegheny
SANDERS, MD, Robert E	Westmoreland
SANDERSON, MD, Douglas K	Dauphin
SANDERSON, MD, Vincent A	Mercer
SANDHAUS, MD, Julius L	Lancaster
SANDHU, MD, Bakhshish S	Bucks
SANDHU, NITA	Student
SANDHU, MD, Rajinder S	Allegheny
SANDLER, MD, Kenneth R	Chester
SANDLER, MD, Susan M	Montgomery
SANDO, MD, Ralph S	Philadelphia
SANDOVAL, JESSY C	Student
SANDS, MD, Earl E	Montgomery
SANDS, MD, Jeffrey J	Luzerne
SANDS, DO, Seth C	Montgomery
SANDSON, MD, Gerald B	Allegheny
SANDSTROM, MD, Paul H	Erie
SANDSTROM JR, MD, Frank T	Montgomery
SANFORD, MD, Frederic E	Lycoming
SANFORD, MD, Robert G	Dauphin
SANFORD, MD, Robert S	Tioga
SANG, MD, Christine N	Philadelphia
SANGHI, MD, Jodh K	Warren
SANGILLO, MD, Cathleen K	Dauphin
SANGILLO, MD, Mario M	Dauphin
SANGODEYI, MD, Olu R	Allegheny
SANGRUJEE, MD, Kannika L	Allegheny
SANGRUJEE, MD, Weerasak	Allegheny
SANKAR, MD, Naganathan S	Beaver
SANKARAN, MD, Manickam	Blair
SANKARI, MD, Muhammed A	Mckean
SANNER JR, MD, Edgar G	Allegheny
SANPEDRO, MD, Floro D	Philadelphia
SANSONE, DO, Joann	Philadelphia
SANSONE, MD, Thomas C	Montgomery
SANSTEAD, MD, John K	York
SANT RAM, MD, Deepak	Chester
SANTA MARIA, THERESA R	Student
SANTAMARIA, MD, Frank R	Westmoreland
SANTANGELO, MD, Kathylee	Dauphin
SANTANGELO, MD, Marsha F	Philadelphia
SANTANGELO, MD, Samuel C	Montgomery
SANTARSIERO, MD, D Anthony	Lackawanna
SANTEN, MD, Richard J	Dauphin
SANTERINI, KRISTINE R	Student
SANTIESTEBAN, MD, Joseph A	Allegheny
SANTILLAN, MD, Victor H	Blair
SANTILLI, MD, Thomas F	Philadelphia
SANTINI, MD, Lewis C	Montour
SANTOMENNA, MD, Michael A	Erie
SANTOPOLO, MD, Anthony C	Delaware
SANTORA, MD, Dawn M	Allegheny
SANTORA, MD, Robert A	Crawford
SANTORA JR, DONALD C	Student
SANTORA JR, MD, Frank J	Allegheny
SANTORE, MD, Felice J	Delaware
SANTORE, MD, Louis X	Montgomery
SANTORO, MD, Jerome	Philadelphia
SANTORO, MD, William	Berks
SANTOS, MD, Arthur M	Allegheny
SANTOS, MD, Cesar R	Lawrence
SANTOS, MD, Ramon D	Indiana
SANTOS, MD, Rodolfo J	Bucks
SANTOS, MD, Rodolfo R	Somerset
SANTOSO, MD, Limjadi	Erie
SANTUCCI, MD, Francesco	Allegheny
SAPORITO, MD, Joseph J	Allegheny
SAQUIN, MD, Raineldo C	Mckean
SARACCO, MD, Thomas R	Allegheny
SARACHEK, MD, Norman S	Lehigh
SARADAR, MD, Raja	Allegheny
SARADAR, MD, Riad	Fayette
SARAF, MD, Asha A	Bucks
SARAGOVI, MD, Armand A	Philadelphia
SARAIN, MD, Antonio N	Crawford
SARAJEDINI, MD, Hossain	Mckean
SARAN, MD, Madhukar	Susquehanna
SARAS, MD, Peter L	Luzerne
SARAVITZ JR, MD, Eugene M	Northampton
SARDESAI, MD, Prabhaker G	Erie
SARGE, MD, Terence J	Dauphin
SARGENT, MD, Stephen E	Butler
SARGINGER, MD, Larry J	Elk/Cameron
SARIEGO, MD, Joaquin	Philadelphia
SARIN, MD, Lov K	Philadelphia
SARIS, MD, Anne L	Montgomery
SARIS, MD, Demetrius S	Montgomery
SARIS-MECHENBIER, MD, Lydia E	Allegheny
SARKER, MD, Chitta R	Montgomery
SARKESSIAN, DO, Albert M	Philadelphia
SARMA, BANI A	Student
SARNER, MD, Joel B	Allegheny
SARNOWSKI, MD, Robert J	Lackawanna
SARON, MD, Irvin J	Northampton
SARP, MD, Edward J	Blair
SARRO, ROBERT A	Student
SARSHIK, MD, Milton	Philadelphia
SARSHIK, MD, Stuart A	Bucks
SARTORI, DO, Roy J	Mercer
SARUBIN, MD, Daniel R	Lehigh
SARUK, MD, Michael L	Chester
SARVER, MD, Ray G	Westmoreland
SARVER, MD, Robert O	Allegheny
SASSANI, MD, Joseph W	Dauphin
SASSO, MD, Robert A	Blair
SASTRY, MD, Dasika M	Montgomery
SATALOFF, MD, Dahlia M	Philadelphia
SATALOFF, MD, Joseph	Philadelphia
SATALOFF, MD, Robert T	Philadelphia
SATINSKY, ANDREA R	Student
SATINSKY, MD, Jonathan D	Delaware
SATOW, MD, Kevin M	Lehigh
SATRIALE, MD, Richard F	Chester
SATRIALE, MD, Robert O	Chester
SATTEL, MD, Andrew B	Philadelphia
SATTERFIELD, MD, Lise K	York
SATZ, WAYNE A	Student
SAUCO, MD, M Concepcion	Philadelphia
SAUER, MD, Dieter	Westmoreland
SAUER, MD, Gary G	Allegheny
SAUER, MD, Thomas S	Northampton
SAUL, MD, Albert	Philadelphia
SAUL, MD, Leon J	Philadelphia
SAUL, MD, Robert F	Montour
SAULL, MD, Sondra C	Philadelphia
SAUNDERS, MD, Charles D	Northampton
SAUNDERS, MD, Richard M	Montgomery
SAUNDERSON JR, MD, Robert W	Lancaster
SAUSSER, MD, Eugene W	Cumberland
SAVACOOL, MD, Jacob W	Philadelphia
SAVAGE, MD, Donald J	Luzerne
SAVAGE, MD, Edward B	Philadelphia
SAVAGE, MD, James E	Mercer
SAVAGE, MD, Michael P	Philadelphia
SAVAGE, MD, Peter J	Luzerne
SAVARESE, MD, Ronald P	Philadelphia
SAVASTIO, MD, Joseph A	Dauphin
SAVELLI, BRENT A	Student
SAVINESE, DO, Stanley J	Delaware
SAVINI JR, MD, Michael J	Cambria
SAVINOV, MD, Victor A	Delaware
SAVITT, MD, Michael A	Philadelphia
SAVORY, MD, William J	Dauphin
SAWARDECKER, MD, Sandip U	Westmoreland
SAWARDEKAR, MD, Arun S	Mercer
SAWICKI, MD, Edward H	Indiana
SAWIN, MD, Henry S	Montgomery
SAWYER, MD, Charles S	Montour
SAWYNA, MD, Vitaly	Lehigh
SAXENA, SANJAY	Student
SAXENA, MD, Varun	Bucks
SAXON, MD, Joseph G	Dauphin
SAYE JR, MD, William H	Dauphin
SAYEN, MD, John J	Philadelphia
SAYERS, MD, Francis P	Northmbrland
SAYERS, MD, Kenneth H	Indiana
SAYLOR, MD, Randall M	Butler
SAYLOR, MD, Richard F	Montgomery
SAYRE, MD, John C	Elk/Cameron
SAYSON, MD, Jose N	Lebanon
SCALLY, AMY P	Student
SCANDURA IV, JOSEPH M	Student
SCANLON, MD, Mary H	Philadelphia
SCARAMUCCI, MD, John C	Allegheny
SCARPA, MD, Harry C	Montgomery
SCARPINO, MD, Leo J	Lehigh
SCARSELLATO, MD, John N	Allegheny
SCERBO, MD, James A	Jefferson
SCHAAF, MD, John T	Erie

SCHAAF, MD, Richard D	Delaware
SCHACHTER, MD, Joseph	Allegheny
SCHACHTERLE, MD, Ralph E	Lancaster
SCHADE, MD, John F	Luzerne
SCHADT, MD, Daniel C	Northampton
SCHADT JR, MD, Oliver S	Lehigh
SCHAEFER, MD, C Russell	Allegheny
SCHAEFER, MD, Thomas J	Cambria
SCHAEFER, MD, Thomas L	Allegheny
SCHAEFFER, MD, Charles D	Lehigh
SCHAEFFER, MD, Frances C	Lehigh
SCHAEFFER, MARTIN A	Student
SCHAEFFER, MD, William A	Lancaster
SCHAEFFER JR, MD, William E	Lebanon
SCHAENEN, MD, Wendy	Dauphin
SCHAFER, MD, Charles H	Philadelphia
SCHAFER JR, MD, Francis J	Allegheny
SCHAFFER, MD, David B	Philadelphia
SCHAFFER, MD, David N	Dauphin
SCHAFFER, MD, David W	Philadelphia
SCHAFFER, LILLY H	Student
SCHAINKER, MD, Bruce A	Philadelphia
SCHALL, MD, Roy F	Allegheny
SCHALLER, MD, James A	Montgomery
SCHALLER, VINCENT E	Student
SCHAMP, MD, Richard O	Jefferson
SCHANER, MD, Paul J	Allegheny
SCHANK, MD, Dennis J	Montgomery
SCHANTZ, DO, Beverly B	Lancaster
SCHANTZ, MD, John C	Lancaster
SCHAPIRO, MD, Rolf L	Allegheny
SCHARLE, MD, W Timothy	Northampton
SCHARTEL, DO, Albert P	Berks
SCHATANOFF, MD, David	Blair
SCHATANOFF, MD, Joseph	Philadelphia
SCHATZ, MD, Norman J	Philadelphia
SCHAUB, MD, David H	Allegheny
SCHECHTER, MD, David	Allegheny
SCHECKER, MD, Neil H	Philadelphia
SCHECTER, MD, Benjamin C	Monroe
SCHEER, MD, R Scott	Chester
SCHEERS, MD, George F	Luzerne
SCHEFF, MD, Alice M	Philadelphia
SCHEIB, MD, Frederick J	Washington
SCHEID, MD, Edward R	Allegheny
SCHEIN, MD, Alan L	Dauphin
SCHEIN, MD, Robert A	Allegheny
SCHEIN II, MD, George	Allegheny
SCHEINER, MD, Robin B	Delaware
SCHEINMAN, MD, Harold Z	Allegheny
SCHEIRER, DO, Jeffrey R	Northampton
SCHELER-MANGIAPIA, MD, Sandra L	Westmoreland
SCHELL, MD, Stephen E	Erie
SCHELLENBERG, JOSEPH B	Student
SCHENCK, DO, Arthur C	Erie
SCHENCK, MD, Paul H	Lehigh
SCHENFELD, MD, Louis A	Cambria
SCHENKEL, MD, Eric J	Northampton
SCHERER, MD, Bernard C	Westmoreland
SCHERR, MD, Stuart A	Philadelphia
SCHEUER, MD, John W	Lackawanna
SCHEUERMANN, MD, Henry A	Delaware
SCHEUERMANN, MD, Richard E	Philadelphia
SCHIANO, MD, Camille M	Luzerne
SCHIETROMA, MD, Cindy J	Lancaster
SCHIETROMA, MD, John J	Dauphin
SCHIFF, MD, Melvin M	Allegheny
SCHIFFMAN, MD, Mara S	Bucks
SCHIFFMAN, MD, Raymond J	Philadelphia
SCHILKEN, ROBERT E	Student
SCHILLER, MD, Harvey J	Cambria
SCHILLER, MD, Herbert M	Philadelphia
SCHILLER, MD, Ruth P	Bucks
SCHILLI, MD, Rudolph	Cambria
SCHILLING, MD, John F	Delaware
SCHIMMEL, MD, Nelson H	Philadelphia
SCHIMMER, MD, Barry M	Philadelphia
SCHINA JR, MD, Michael J	Allegheny
SCHINDLER, MD, Alan M	Philadelphia
SCHINDLER, MD, Peter D	Chester
SCHINFELD, MD, Jay S	Montgomery
SCHINFELD, MD, Louis H	Montgomery
SCHIOWITZ, MD, Albert	Luzerne
SCHIOWITZ, MD, Mark F	Luzerne
SCHIRK, MD, Steven K	Montour
SCHIRO, MD, John C	Dauphin
SCHLABACH, MD, Donald M	Erie
SCHLACKMAN, MD, Neil	Bucks
SCHLAFF, MD, Lillian T	Philadelphia
SCHLAFF, MD, Sheldon	Philadelphia
SCHLAGER, MD, Barbara A	Bucks
SCHLAGER, MD, Charles E	York
SCHLANSKY, MD, Ronald M	Cumberland
SCHLEGEL, DO, Karl J	Huntingdon
SCHLEGEL JR, MD, Robert J	York
SCHLEICHER, MD, Stepehn M	Philadelphia
SCHLEIFER, MD, Charles R	Philadelphia
SCHLESINGER, MD, Robert B	Philadelphia
SCHLESINGER, MD, Sam	Luzerne
SCHLESS, MD, Arthur P	Chester
SCHLESSEL, MD, Richard B	Philadelphia
SCHLEZINGER, MD, Nathan S	Philadelphia
SCHLITZER, MD, William H	Schuylkill
SCHLOSSBERG, MD, David	Philadelphia
SCHLOSSER, MD, David E	Lancaster
SCHMALTZ, MD, Harry W	Montour
SCHMELTZ, MD, Ralph	Allegheny
SCHMEYER, MD, Jon E	York
SCHMIDHOFER, MD, Mark	Allegheny
SCHMIDT, MD, Arnold P	Luzerne
SCHMIDT, MD, H William	Montgomery
SCHMIDT, MD, M Elizabeth	Allegheny
SCHMIDT, MD, Robert J	Elk/Cameron
SCHMIDT, MD, Stephen L	Blair
SCHMIDT, MD, Steven C	Montgomery
SCHMIELER, MD, George C	Washington
SCHMIELER, MD, George P	Washington
SCHMITT, MD, Charles L	Allegheny
SCHMITT, MD, Herman L	Allegheny
SCHMITT, MD, John J	Lancaster
SCHMUKLER, DO, Anita G	Philadelphia
SCHMUTZLER III, MD, Robert C	Montgomery
SCHNALL, MD, Barry	Philadelphia
SCHNALL, MD, Charles	Philadelphia
SCHNALL, MD, David J	Philadelphia
SCHNALL, MD, Nathan	Philadelphia
SCHNAUFER, MD, Louise	Philadelphia
SCHNEE, MD, Scott S	Venango
SCHNEEBERG, MD, Arthur L	Philadelphia
SCHNEEBERG, MD, J Myron	Philadelphia
SCHNEEBERG, MD, Norman G	Philadelphia
SCHNEIDER, MD, Bernard	Philadelphia
SCHNEIDER, MD, Chester L	Montgomery
SCHNEIDER, MD, Jan	Philadelphia
SCHNEIDER, MD, Jill	Philadelphia
SCHNEIDER, MD, John A	Allegheny
SCHNEIDER, MD, Lawrence H	Philadelphia
SCHNEIDER, MD, Michael P	Allegheny
SCHNEIDER, MD, Richard R	Allegheny
SCHNEIDER, MD, Robert E	Allegheny
SCHNEIDER, MD, Roberta L	Montgomery
SCHNEIDER, SUSAN	Student
SCHNEIDERMAN, MD, Marc J	Allegheny
SCHNEIDERMAN, TODD A	Student
SCHNEIMAN, MD, Maurice H	Philadelphia
SCHNUR, PAUL J	Student
SCHOCK, MD, William W	Huntingdon
SCHOCKER, MD, Jack D	Blair
SCHOECK, MD, Daniel J	Philadelphia
SCHOENLEBER, MD, Dana B	Montour
SCHOEPPNER, MD, Eric	Northampton
SCHOEPPNER, MD, Gabrielle	Northampton
SCHOFFSTALL, MD, John M	Philadelphia
SCHOFIELD, MD, R Alan	Montgomery
SCHOLL, MD, Harvey W	Montgomery
SCHOLL JR, MD, Harvey W	Bucks
SCHOLLAERT, MD, Richard A	Allegheny
SCHONAUER, MD, Thomas D	York
SCHONDER III, JOHN F	Student
SCHOONOVER, MD, Daniel K	Montour
SCHOPFER, MD, Ralph E	Lycoming
SCHORN, MD, Victor G	Franklin
SCHORR, MD, Neal A	Allegheny
SCHOTT, MD, C Richard	Delaware
SCHOWALTER, MD, Donald R	Westmoreland
SCHRADER, MICHAEL C	Student
SCHRADER, MD, Patricia A	Northampton
SCHRADING, MD, Walter A	York
SCHRAGGER, MD, Alan H	Lehigh
SCHRAMM, MD, Frank E	Northampton
SCHRAN, MD, Albert G	Delaware
SCHRECK, MD, Fred M	Northmbrland
SCHRECKENGAUST, MD, Robert H	Lackawanna
SCHREIBER, MD, Richard	Dauphin
SCHREIBER, MD, Richard D	Lebanon
SCHREINER, MD, Glenwood R	Luzerne
SCHREINER, MD, Mark S	Philadelphia
SCHRENZEL, MD, Steven	Delaware
SCHROECKENSTEIN, MD, Richard F	Crawford
SCHROEDER, MD, Maryellen A	Allegheny
SCHROEDER, MD, Richard D	Cambria
SCHROGIE JR, MD, John J	Chester
SCHUBERT, MD, John J	Lancaster
SCHUCKER, MD, Forrest A	Dauphin
SCHUERCH, MD, Conrad	Montour
SCHUESSLER, MD, Paul W	Northampton
SCHULER, MD, Shelley S	Delaware
SCHULHOFF, MD, John W	Allegheny
SCHULLER, MD, Diane E	Montour
SCHULMAN, MD, Edward S	Philadelphia
SCHULMAN, MD, Norman	Luzerne
SCHULTHEIS JR, MD, Carl F	Montgomery
SCHULTZ, MD, Edward D	Blair
SCHULTZ, MD, Edward M	Allegheny
SCHULTZ, MD, Julius	Philadelphia
SCHULTZ, MD, Theodore A	Westmoreland
SCHULZ, MD, Jacob A	Lancaster
SCHUMACHER, MD, L Richard	Montgomery
SCHUMAN, MD, Robert A	Lackawanna
SCHUSTER, MD, Albert H	Philadelphia
SCHUSTER, MD, Allan H	Allegheny
SCHUSTER, MD, James L	Erie
SCHUSTER, MD, James M	Allegheny
SCHUSTER, DO, Steven L	Allegheny
SCHUTTE, MD, Sharon L	Philadelphia
SCHWAB, MD, Morton E	Philadelphia
SCHWAB, MD, Robert H	Philadelphia
SCHWABE, MD, Karl G	Delaware
SCHWALB, MD, Allen J	Philadelphia
SCHWALB, MD, Ira J	Philadelphia
SCHWALB, MD, Neil S	Philadelphia
SCHWAMM, MD, Harry A	Montgomery
SCHWANN, MD, Nanette M	Northampton
SCHWARCZ, MD, Harriet B	Montgomery
SCHWARTZ, MD, Alan J	Philadelphia
SCHWARTZ, MD, Alec R	Allegheny
SCHWARTZ, MD, Barry J	Philadelphia
SCHWARTZ, MD, Daniel N	Allegheny
SCHWARTZ, MD, Donald S	Chester
SCHWARTZ, MD, Emanuel E	Philadelphia
SCHWARTZ, DO, Gerson	Delaware
SCHWARTZ, MD, Gordon F	Philadelphia
SCHWARTZ, MD, Harry W	Philadelphia
SCHWARTZ, MD, Ira	Schuylkill
SCHWARTZ, MD, Irving R	Philadelphia
SCHWARTZ, MD, Jan A	Montour
SCHWARTZ, MD, Joel D	Allegheny
SCHWARTZ, MD, Joel L	Montgomery
SCHWARTZ, MD, Jonathan	Westmoreland
SCHWARTZ, MD, Leon E	Philadelphia
SCHWARTZ, MD, Leonard	Allegheny
SCHWARTZ, MD, Louis	Philadelphia
SCHWARTZ, MD, Louis W	Montgomery
SCHWARTZ, MD, Marc L	Philadelphia
SCHWARTZ, MD, Michael A	Allegheny
SCHWARTZ, MD, Michael D	Lehigh
SCHWARTZ, MD, Milton A	Bucks
SCHWARTZ, MD, Peter A	Berks
SCHWARTZ, MD, Peter L	Bucks
SCHWARTZ, MD, Raymond	Philadelphia
SCHWARTZ, MD, Reuben B	Philadelphia
SCHWARTZ, MD, Robert M	Erie
SCHWARTZ, MD, Robert P	Philadelphia
SCHWARTZ, MD, Sheldon M	Lycoming
SCHWARTZ, MD, Stephen L	Philadelphia
SCHWARZ, MD, Elliot D	Allegheny
SCHWARZ, MD, Gabriel A	Philadelphia
SCHWARZ, MD, Richard A	Bucks
SCHWEIBINZ, JANET S	Student
SCHWEIKLE, MD, Mary R	Lycoming
SCHWEITZER, MD, Jane G	Philadelphia
SCHWEIZER, MD, Robert A	Delaware
SCHWEIZER, MD, Robert R	Berks
SCHWEMMER, MD, Helene M	Philadelphia
SCHWENDEMAN, MD, David L	Northampton
SCHWENTKER, MD, Edwards P	Dauphin
SCHWERHA, MD, Joseph J	Allegheny
SCHWERIN, MD, William F	Allegheny
SCHWIEP, MD, Francis	Lehigh
SCHWINDT, MD, Mary L	Allegheny
SCHWINGE, MD, Elaine A	Lehigh
SCHWINK, DO, Ann M	Northampton
SCHWITER, MD, E Joseph	Luzerne
SCIALLA, MD, Salvatore J	Lackawanna
SCIARA, MD, Christine	Delaware
SCIASCIA, DO, Karen M	Northampton
SCIBAL, MD, Gary J	Lancaster
SCIBETTA, MD, Mario P	Erie
SCIBILIA, MD, James P	Beaver
SCICCHITANO, MD, David C	Northmbrland
SCICCHITANO, MD, Leon P	Schuylkill
SCICUTELLA, DO, Carol J	Cambria
SCINICO, MD, Mark W	Luzerne
SCIOSCIA, MD, Eugene A	Allegheny
SCIOSCIA JR, MD, Eugene A	Allegheny
SCIUBBA, MD, Rocco P	Delaware
SCIULLI, MD, Robert L	Allegheny
SCOBLIONKO, MD, David P	Northampton
SCOGLIETTI, MD, Vincent C	Allegheny
SCOLES, MD, Karen S	Philadelphia
SCOPELLITI, MD, Joseph A	Bradford
SCORNAVACCHI, MD, Joseph M	Berks
SCORNAVACCHI JR, MD, Joseph M	Berks
SCOTT, MD, Alvin J	Luzerne
SCOTT, MD, Angela P	Philadelphia
SCOTT, MD, Dorothy C	Allegheny
SCOTT, MD, Durelle T	Luzerne
SCOTT, MD, Earl S	Philadelphia
SCOTT, MD, Henry	Philadelphia
SCOTT, MD, Howard K	Butler
SCOTT, MD, J Clifford	Chester
SCOTT, MD, Jack A	Allegheny
SCOTT, MD, John H	Allegheny
SCOTT, DO, John H	Schuylkill
SCOTT, DO, Mark E	Delaware
SCOTT, MD, Norman E	Allegheny
SCOTT, DO, Robert C	Lancaster
SCOTT, THOMAS B	Student
SCOTT, MD, Thomas F	Allegheny
SCOTT, MD, Thomas R	York
SCOTT, MD, William S	Montgomery
SCOTT JR, MD, Donald W	Montour
SCOTT JR, MD, S David	Montgomery
SCOTTI, MD, Daniel M	Philadelphia
SCOVAZZO, MD, Mary L	Allegheny
SCOVERN, MD, Henry	Montgomery
SCROBOLA, MD, Charles C	Luzerne
SCULLIN III, MD, John P	Mercer
SCULLY, MD, Dennis M	Erie
SCULLY, MD, John P	Berks
SCUTELLA, MD, Micheal A	Erie
SEARFOSS, MD, Roger C	Westmoreland
SEARS, MD, Alan J	Delaware
SEBASTIAN, MD, Eugene F	Dauphin
SEBASTIANELLI, MD, Kenneth J	Lackawanna
SEBASTIANELLI, MD, Mario J	Lackawanna
SEBASTIANELLI, MD, Wayne J	Lackawanna
SECHLER, MD, Edith W	Venango
SECHTIN, MD, Alan G	Lebanon
SECKINGER, MD, Raymond P	Lehigh
SEDA, MD, Hector J	Berks
SEDACCA, MD, Paul J	Philadelphia
SEDLOVSKY, MD, Michael Z	Northmbrland
SEDOR, MD, David J	Philadelphia
SEEBER, MD, John J	Cambria
SEECOF, MD, Richard M	Allegheny
SEEL, MICHAEL J	Student
SEELAUS, MD, Jere F	Montgomery
SEESTEDT JR, RICHARD C	Student
SEEWALD, MD, Tracy R	Allegheny
SEGAL, MD, Allan	Beaver
SEGAL, MD, Bernard L	Philadelphia
SEGAL, MD, Lee S	Dauphin
SEGAL, MD, Ricardo	Allegheny
SEGAL, MD, Scott	Philadelphia
SEGAL, DO, Sharon R	Philadelphia
SEGARRA, MD, Sergio	Mercer
SEGRAVE-DALY, MD, Stephen L	Monroe
SEGRAVES, MD, Mary E	Philadelphia
SEHN, MD, Susan C	Montgomery
SEIAVITCH, MD, Samuel A	Allegheny
SEIDEL, MD, Eric C	Berks
SEIDEL, MD, Frederick J	Dauphin
SEIDEL, MD, Horace Y	Northampton
SEIDL, MD, Daniel C	York
SEIDLICH, MD, Franklin T	Dauphin
SEIDMAN, MD, Stuart N	Philadelphia
SEIDNER, MD, Michael R	Montgomery
SEIFERT, MD, Carol L	Allegheny
SEIFERT, MD, George L	Philadelphia
SEIFERT, DO, Mary C	Allegheny
SEIFERT, MD, Richard A	Delaware
SEIFERT, MD, Thomas E	Cambria
SEIFERTH, MD, Paul D	Erie
SEIFERTH, MD, William J	Erie
SEIGEL, NATALIE M	Student
SEIGLE, MD, Walter E	Lackawanna
SEINIGE, MD, Ursula L	Philadelphia
SEIPLE, MD, Harvey H	Lancaster
SEITCHIK, MD, Murray W	Philadelphia
SEITCHIK, MD, Scott H	Philadelphia
SEITMAN, MD, David T	Bucks
SEITZ, MD, Edward R	Allegheny
SEITZ, MD, Nevin H	York
SEITZ JR, MD, Horace M	Philadelphia
SEKARAN, MD, Kamalesh K	Butler
SEKARAN, MD, Somasundaram K	Butler
SEKHAR, MD, Laligam N	Allegheny
SEKHON, MD, Mani S	Indiana
SELBY, MD, Charles L	Montgomery
SELECKY, MARK T	Student
SELICKMAN, MD, Mitchell A	Philadelphia
SELIG, MD, Michael B	Northampton
SELIGER, MD, Gustav	Delaware
SELINGO, JAMIE A	Student
SELKER, MD, Robert G	Allegheny
SELKOVITS, MD, Sidney	Allegheny
SELL, MD, Harry W	Allegheny
SELLARO, DO, Salvatore R	Erie
SELLERS, MD, Alfred M	Philadelphia
SELLERS JR, MD, Thomas D	Montour
SELSMAN, MD, Joseph V	Montgomery
SELTMAN, MD, Gary M	Montour
SELTZER, MD, Harry	Allegheny
SELTZER, MD, Joseph L	Philadelphia
SELTZER, MD, Maurice	Philadelphia
SELVAGGIO, MD, Adriana M	Philadelphia
SELVARAJ, MD, Mylappan	Butler
SELVARAJ, MD, Vijayalakshmi	Butler
SEMANOFF, MD, Theophila C	Bucks
SEMBROT, MD, William B	Philadelphia
SEMINS, MD, Howard	Allegheny
SEMPLE, BARBARA H	Student
SEMPLE, MD, Joseph M	Erie
SEN, MD, Chandra N	Allegheny
SENAN, MD, Pushpendra	Allegheny
SENDZIK, MD, Nestor I	Bucks
SENFT, MD, Karen E	Northampton
SENFT, MD, Stephen C	Northampton
SENIOW, MD, Raymond V	Lawrence
SENITA, MD, G Robert	Allegheny
SENTER, MD, Howard J	Allegheny
SEO, MD, Jin S	Berks
SEOANE, MD, Debra L	Northampton
SEPROSKY JR, MD, Joseph C	Luzerne
SERAFY, MD, Michael M	Allegheny
SERBER, MD, William	Philadelphia
SERENE, MD, Harry E	Allegheny
SERFAS, MD, Lee S	Northampton
SERINE, MD, Enrico A	Lackawanna
SERKES, MD, Constantine A	Chester
SEROSKA, MD, Phillip J	Luzerne
SEROTA, MD, Fredric T	Montgomery
SERRANO, MD, Alberto Carlos	Philadelphia
SERRANO, MD, Rosalinda F	Washington
SERRIAN JR, MD, John L	Berks
SERVILLAS, MD, Bernardito F	Philadelphia
SERVOSS, MD, Spencer J	Lycoming
SERWINT, MD, Michael S	Lycoming
SESKI, MD, Jan C	Allegheny
SESSOMS, MD, Frank E	Allegheny
SETH, MD, Prabhat	Allegheny
SETH, MD, Rajendra N	Philadelphia
SETHI, MD, Surendra K	Butler
SETLOCK, DO, Walter W	Schuylkill
SETTY, MD, Polepalli S	Westmoreland
SEVICK, MD, Myron E	Centre
SEWAK, MD, Michael E	Cambria
SEWARDS, MD, Patrick M	Lehigh
SEWATSKY, MD, Mary F	Lackawanna

SEXTON JR, MD, George L	Berks
SEYLER, MD, Raymond Q	Delaware
SGARLAT, MD, Joseph R	Luzerne
SGRO, MD, Antonio	Philadelphia
SHABLOSKI, REGAN P	Student
SHACKLEFORD, MD, Robert E	Montgomery
SHACKLETT, MD, Dorothy E	Philadelphia
SHADE JR, DANIEL A	Student
SHADLE, MD, Chester A	York
SHAEFFER, MD, Joseph M	Bucks
SHAFER, MD, Edward A	Luzerne
SHAFFER, MD, Carolyn W	Dauphin
SHAFFER, MD, Donald Y	Beaver
SHAFFER, MD, Eugene M	Berks
SHAFFER, MD, George W	Bucks
SHAFFER, MD, Howard L	Lawrence
SHAFFER, MD, Irvin G	Berks
SHAFFER, MD, Lawrence A	Mercer
SHAFFER, DO, Linda E	Lehigh
SHAFFER, MD, Lionel B	Montgomery
SHAFFER, MD, Walter L	Allegheny
SHAFIA, MD, Hass	Philadelphia
SHAFIQUE, MD, Mohammad	Lycoming
SHAH, MD, Ajit N	Allegheny
SHAH, MD, Anilkumar T	Luzerne
SHAH, MD, Evelyn M	Luzerne
SHAH, MD, Harnish V	Berks
SHAH, MD, Jitendra N	Philadelphia
SHAH, MD, Mahendra K	Susquehanna
SHAH, MD, Manjula S	Jefferson
SHAH, MD, Mubarik A	Bucks
SHAH, MD, Mukesh V	Allegheny
SHAH, MD, Mukta K	Mifflin/Juni
SHAH, MD, Narayan	Montour
SHAH, MD, Nayan C	Lackawanna
SHAH, NICKY	Student
SHAH, MD, Rahmat	Lackawanna
SHAH, RAKESH R	Student
SHAH, MD, Ranjan R	Delaware
SHAH, MD, Ranjit R	Delaware
SHAH, MD, Ratan S	Westmoreland
SHAH, MD, Satish A	Adams
SHAH, MD, Shirish N	Allegheny
SHAH, SUSIE S	Student
SHAH, MD, Syed G	Schuylkill
SHAH, MD, Vinod H	Allegheny
SHAHEEN, MD, Robert G	Blair
SHAIKH, MD, Khaleel A	York
SHAIKH, MD, M Nasir	Westmoreland
SHAKIN, MD, Eric P	Delaware
SHAMAI, MD, Haroun A	Lehigh
SHAMBAUGH, MD, Shawn C	Dauphin
SHAMBLIN, MD, Jerry D	Allegheny
SHAMES, MD, Jeffrey L	Allegheny
SHAMMASH, JONATHAN B	Student
SHAMPAIN, MD, Mark P	Lehigh
SHANAHAN, MD, J Rush	Philadelphia
SHANAHAN, MD, Nancy R	Bucks
SHANER, MD, Catharine L	Lehigh
SHANFELD, MD, Norman M	Delaware
SHANK, MD, Irene A	Allegheny
SHANKAR, MD, V S	Philadelphia
SHANLEY, MD, Thomas P	Philadelphia
SHANNON, MD, Robert E	Dauphin
SHANNON, MD, Thomas O	Montgomery
SHAPIRA, MD, Edith L	Allegheny
SHAPIRO, MD, Alvin P	Allegheny
SHAPIRO, MD, Bernard	Philadelphia
SHAPIRO, MD, Charles J	Franklin
SHAPIRO, DO, Eric B	Delaware
SHAPIRO, MD, Fred	Philadelphia
SHAPIRO, MD, Harvey H	Franklin
SHAPIRO, MD, Jacob	Philadelphia
SHAPIRO, MD, John A	Berks
SHAPIRO, MD, Jon A	Philadelphia
SHAPIRO, MD, Leonard H	Philadelphia
SHAPIRO, MD, Lester F	Allegheny
SHAPIRO, DO, Marc Dennis	Philadelphia
SHAPIRO, MD, Morry	Allegheny
SHAPIRO, MD, Raymond M	Philadelphia
SHAPIRO, MD, Richard P	Philadelphia
SHAPIRO, MD, Samuel S	Philadelphia
SHAPIRO, MD, Steven L	York
SHAPIRO, MD, Stuart H	Philadelphia
SHARBAUGH, MD, Donald G	Bedford
SHARER, DO, Carl W	Montgomery
SHARIAT, MD, Iraj	Somerset
SHARIFF, MD, Haji M	Philadelphia
SHARIFF, YASMEEN K	Student
SHARIFI-AZAD, MD, Said	Philadelphia
SHARKEY, MD, Thomas G	Luzerne
SHARMA, MD, Amar J	Northampton
SHARMA, MD, Brahma N	Allegheny
SHARMA, MD, Kusum	Westmoreland
SHARMA, MD, Meera V	Lackawanna
SHARMA, MD, Raj K	Delaware
SHARMA, MD, Ranjana S	Dauphin
SHARMA, MD, Sukh D	Erie
SHARMAN, MD, Michael H	Washington
SHARP JR, MD, John W	Lancaster
SHARPLES, MD, Wynne	Philadelphia
SHARPLESS, MD, Edwin D	Delaware
SHARPS, MD, Frank	Philadelphia
SHARRAR, MD, Robert G	Philadelphia
SHARRER, MD, Margaret C	Allegheny
SHASHIKUMAR, MD, V L	Philadelphia
SHATTEN, MD, Thomas A	Allegheny
SHAUB, MD, Paul D	York
SHAUB JR, MD, Howard G	Blair
SHAUGHNESSY, MD, Michael J	Allegheny
SHAVER, MD, James A	Allegheny
SHAVER, MD, John C	Allegheny
SHAVER, MD, Joseph R	Philadelphia
SHAVER, MD, Verne C	Allegheny
SHAW, DO, Donald D	Tioga
SHAW, MD, Gordon A	Lycoming
SHAW, MD, James A	Dauphin
SHAW, MARIANNE L	Student
SHAW, PALMA M	Student
SHAW, MD, Regina A	Delaware
SHAW, MD, William I	Allegheny
SHAWALUK, MD, Paul D	Philadelphia
SHAY, MD, Paul L	Allegheny
SHEA, MD, Francis J	Philadelphia
SHEAFFER, MD, Harold C	Delaware
SHEARBURN III, MD, Edwin W	Bucks
SHEARER, MD, David M	York
SHEARER, MD, Donald E	Lycoming
SHECHTER, MD, Jay A	Lackawanna
SHECTER, DO, Fredric M	Philadelphia
SHECTER, JAMES S	Student
SHEDD, MD, Ann C	Allegheny
SHEDDEN, MD, Arthur H	Montgomery
SHEDRO, MD, Hector	Westmoreland
SHEEDY, MD, John G	Blair
SHEEHAN, MD, John H	Allegheny
SHEEHE, MD, Dennis M	Columbia
SHEELY, MD, Raymond F	Adams
SHEER, MD, George W	Lackawanna
SHEETS, MD, Everett O	Philadelphia
SHEETS, MD, James A	Lehigh
SHEFFER, MD, M Leonard	Berks
SHEFFO, MD, Gregory S	Allegheny
SHEIKH, MD, Najmi Ishaque	Philadelphia
SHELANSKI, MD, Sharon L	Philadelphia
SHELBY, MD, John H	Berks
SHELBY, MD, Joseph E	Fayette
SHELDON, MD, Douglas L	Lackawanna
SHELLEY, MD, Mark H	Mckean
SHELLEY, MD, William L	Cumberland
SHELLING, MD, Richard E	Bradford
SHELLY, MD, W Dayton	Wyoming
SHELTON, MD, Barbara	Philadelphia
SHELTON, DO, Lynn Y	Allegheny
SHEMANSKI, MD, Clem J	Berks
SHENAI, MD, Pundalik G	Dauphin
SHENBERGER, MD, Keith N	Lycoming
SHENFIELD, MD, Henry T	Bradford
SHENKIN, MD, Henry A	Philadelphia
SHEPARD, MD, William R	Montgomery
SHEPHERD, KIRSTIN F	Student
SHEPPARD, MD, Robert C	Philadelphia
SHEPTAK, MD, Peter E	Allegheny
SHER, MD, Liane	Allegheny
SHERBAN, MD, Paul R	Lancaster
SHERMAN, MD, Alfred J	Dauphin
SHERMAN, MD, Anthony	Philadelphia
SHERMAN, FREDERICK S	Student
SHERMAN, MD, Henry K	Westmoreland
SHERMAN, MD, Hugh I	Mifflin/Juni
SHERMAN, MD, Joseph M	Columbia
SHERMAN, MD, M Jackson	Philadelphia
SHERMAN, MD, Randall L	Allegheny
SHERMAN, MD, Samuel	Allegheny
SHERRY, MD, Michael M	Allegheny
SHERTZER, MD, John H	Lancaster
SHERWIN, MD, Edward A	Lackawanna
SHERWIN, MD, Nancy M	Delaware
SHERWIN, MD, Roberta	Philadelphia
SHERWIN, MD, William K	Montgomery
SHERWOOD, MD, Arthur W	Wyoming
SHERWOOD, MD, John W	Luzerne
SHESTAK, MD, Kenneth C	Allegheny
SHETE, MD, Leena P	Westmoreland
SHETH, MD, Malay C	Allegheny
SHETTER, MD, Thomas G	Butler
SHETTY, MD, Ashok K	Westmoreland
SHETTY, MD, Balu B	Allegheny
SHETTY, MD, K Narayan	Beaver
SHETTY, MD, Karunakar S	Westmoreland
SHETTY, MD, Ratnakar S	Beaver
SHETZLEY, MD, Carl M	Bucks
SHEVCHIK, MD, Grant J	Westmoreland
SHICK, HUBERT	Student
SHIEH, MD, Kan C	Lehigh
SHIELDS, MD, David S	Philadelphia
SHIELDS, MD, Jerry A	Philadelphia
SHIELDS, MD, John J	Montgomery
SHIELDS, MD, Lee H	Dauphin
SHIELDS, MD, Mary S	Lehigh
SHIELDS, MD, Ralph L	Northampton
SHIELDS, MD, Thomas J	Montgomery
SHIELDS JR, MD, Richard A	Philadelphia
SHIH, FEI F	Student
SHILEY, MD, Janet L	Allegheny
SHILLER, MD, David P	Philadelphia
SHIM, MD, Chungja C	Venango
SHIN, ALEXANDER Y	Student
SHIN, MD, Hee Joon	Northampton
SHIN, MD, Maung T	Erie
SHINDEL, MD, James H	Blair
SHINDLER, MD, Robert L	Dauphin
SHINGALA, MD, Arun J	Lackawanna
SHINNICK, DO, James P	Philadelphia
SHIPKOVITZ, MD, Harvey D	Allegheny
SHIPPEN, MD, Eugene R	Berks
SHIPTON, DO, William E	Schuylkill
SHIREY, MD, Elaine D	Chester
SHISHAK, MD, Aryo A	Wayne/Pike
SHIVDE, MD, Pinakini	Erie
SHLIMOVICH, MD, Mara	Philadelphia
SHMOKLER, MD, Mitchell F	Delaware
SHNURMAN, DO, Benjamin Z	Mifflin/Juni
SHOCKMAN, MD, Joel	Philadelphia
SHOEMAKER, MD, David M	Bucks
SHOEMAKER, MD, Margrit M	Lycoming
SHOEMAKER, MD, Patricia L	Lehigh
SHOEMAKER, DO, Stephen N	Luzerne
SHOENER, MD, John A	Allegheny
SHOENTHAL, MD, William J	Bucks
SHOFF, MD, William H	Lebanon
SHOGAN, MD, Jeffrey E	Allegheny
SHOGRY, MD, Robert N	Allegheny
SHOLDER, MD, Arnold J	Allegheny
SHOLEVAR, MD, Farhad	Lehigh
SHONBERG, MD, Barbara H	Bucks
SHONBERG, MD, Irving L	Allegheny
SHONNARD, MD, John W	Venango
SHOOBE, DO, Judith E	Philadelphia
SHOOK III, MD, Willis D	Allegheny
SHOOP, MD, Jon D	Montour
SHOPE, MD, Earl S	Bedford
SHORE, MD, George R	Allegheny
SHORE, MD, Neal A	Philadelphia
SHORE, MD, Paul D	Delaware
SHORE, MD, Robert A	Montgomery
SHORE, MD, Roger J	Clarion
SHORE, MD, Seymour M	Philadelphia
SHORE, MD, Sidney	Montgomery
SHORE, MD, Stephen R	Lehigh
SHORTRIDGE, MD, Beth A	Philadelphia
SHOURAIE, MD, Zarrin	Philadelphia
SHOVLIN, MD, J Michael	Lackawanna
SHRAGER, DO, Larry M	Delaware
SHRAGER, MD, Morton W	Philadelphia
SHRIFT, MD, Craig A	Dauphin
SHROFF, MD, Farook K	Luzerne
SHROM, MD, Stanley H	Delaware
SHU, MD, Chia S	Lycoming
SHUBERT, MD, Duane D	Dauphin
SHUBIN, MD, Harry	Philadelphia
SHUE, MD, William M	York
SHUGERT, MD, Guy S	Beaver
SHUGERT, MD, John H	Beaver
SHUKLA, MD, Rohitkumar S	Franklin
SHULKIN, MD, David J	Allegheny
SHULKIN, MD, Mark W	Delaware
SHULL, MD, William H	Philadelphia
SHULMAN, MD, John F	Philadelphia
SHULTZ, MD, Barry S	Berks
SHULTZ, MD, Robert G	Lancaster
SHULTZ, MD, Thomas L	Bucks
SHUMAN, MD, Charles R	Philadelphia
SHUMAN, MD, John F	Berks
SHUMAN, MD, Marla L	Philadelphia
SHUMAN, MD, Nancy A	Berks
SHUMAN, MD, Sandra J	Philadelphia
SHUSMAN, MD, Robert S	Delaware
SHUSTER, MD, Eugene	Philadelphia
SHUTACK, DO, John G	Philadelphia
SHUTTER, MD, Walter D	Westmoreland
SHUTTLEWORTH, MD, Lamont V	Allegheny
SHY, MD, Rosemary R	Philadelphia
SHYAMALAN, MD, Jayalakshmi	Philadelphia
SHYAMALAN, MD, Nelliate C	Philadelphia
SHYMANSKY, MD, J Stephen	Allegheny
SHYMANSKY, MD, Laura M	Allegheny
SHYNN, MD, Tae I	Luzerne
SIA, MD, Jose K	Beaver
SIAR, MD, W John	Jefferson
SIATKOWSKI, MD, R Michael	Allegheny
SIBERSKI, MD, John R	Luzerne
SIBINGA, MD, Maarten S	Delaware
SIBLEY, MD, Robert E	Lackawanna
SIBOLBORO, MD, Isabelo Z	Indiana
SICHER, MD, Bruno P	Mckean
SICKEL, MD, Edward F	Dauphin
SICKORA, DO, Mark S	Allegheny
SICONOLFI, MD, Ernest P	Allegheny
SIDARI, MD, Jude F	Luzerne
SIDDIQI, MD, Tariq	Philadelphia
SIDDOWAY, MD, Lyle A	York
SIDHWA, MD, Dinshaw B	Berks
SIDLE, JOHN E	Student
SIDOROV, MD, Jaan E	Montour
SIEBE, MD, Jack C	Fayette
SIEBER, MD, Paul R	Lancaster
SIEBER, MD, William K	Allegheny
SIEGAL, JOEL D	Student
SIEGAL, MD, Todd L	Delaware
SIEGEL, MD, Ayn D	Franklin
SIEGEL, MD, Bernard	Philadelphia
SIEGEL, MD, David M	Allegheny
SIEGEL, MD, Jamie E	Northampton
SIEGEL, MD, Joseph F	Washington
SIEGEL, MD, Paul D	Philadelphia
SIEGEL, MD, Selma F	Allegheny
SIEGEL, MD, Seymour	Philadelphia
SIEGEL, MD, William	Bucks
SIEGELBAUM, MD, Steven P	Dauphin
SIEGER, MD, David D	Lancaster
SIEGFRIED, MD, Jay W	Philadelphia
SIEGFRIED, MD, Myrtle M	Lehigh
SIEGLER, MD, Peter E	Philadelphia
SIEGRIST, MD, J Donald	Lancaster
SIEPER, DO, William J	Westmoreland
SIEPSER, MD, Steven B	Chester
SIESHOLTZ, MD, Thomas S	Bucks
SIEWERS, MD, Christiane	Allegheny
SIEWERS, MD, Ralph D	Allegheny
SIGAFOOS, EXEC SEC, Sally	Lancaster
SIGAL, MD, Michael B	Allegheny
SIGEL, MD, Bernard	Philadelphia
SIGLER, MD, Miles H	Philadelphia
SIGMUND, MD, William J	Lancaster
SIGNORELLA, MD, Louis	Washington
SIGUENZA, MD, Robert F	Dauphin
SIH, MD, Philip G	Montgomery
SIHA, MD, Victor L	Allegheny
SIKER, MD, Ephraim S	Allegheny
SILBER, MD, Jeffrey L	Philadelphia
SILBERMAN, MD, David A	Bucks
SILBERMAN, MD, Harvey D	Philadelphia
SILBERMAN, MD, Ira	Philadelphia
SILBERMAN, MD, Leslie J	Allegheny
SILBERMAN, MD, Robert M	Northampton
SILBERSTEIN, MD, Marsha M	Philadelphia
SILBERSTEIN, MD, Stephen D	Philadelphia
SILBERT, MD, Richard R	Lackawanna
SILER, MD, Janet N	Philadelphia
SILIQUINI, MD, John J	Philadelphia
SILK, MD, Raymond E	Philadelphia
SILKO, MD, Gary J	Washington
SILLA, MD, Enrique B	Philadelphia
SILLARS, MD, Charles H	Montgomery
SILVAGGIO, MD, Theresa	Allegheny
SILVER, MD, Barry A	Montgomery
SILVER, MD, Bernice S	Philadelphia
SILVER, MD, Bruce G	Delaware
SILVER, MD, Frank	Philadelphia
SILVER, MD, Israel O	Dauphin
SILVER, MD, Laurence M	Montgomery
SILVER, MD, Lawrence B	Dauphin
SILVER, DO, Marc R	Philadelphia
SILVER, MD, Richard C	Delaware
SILVER, MD, Saul J	Allegheny
SILVER, MD, Stephen C	Delaware
SILVERBERG, MD, Alan	Chester
SILVERBERG, MD, Alan L	Philadelphia
SILVERBERG, MD, Bruce J	Lehigh
SILVERBERG, MD, Daniel M	Lehigh
SILVERBERG, MD, Jay H	Allegheny
SILVERBERG, MD, Michael B	Philadelphia
SILVERBERG, MD, Robert L	Berks
SILVERBLATT, MD, Bernard L	Allegheny
SILVERBLATT, MD, Marvin L	Allegheny
SILVERIO, MD, John	Chester
SILVERMAN, ADAM R	Student
SILVERMAN, MD, Alan R	Allegheny
SILVERMAN, MD, Alexander	Allegheny
SILVERMAN, MD, Edward J	Berks
SILVERMAN, MD, Howard A	Lehigh
SILVERMAN, MD, James F	Lawrence
SILVERMAN, MD, Jerry D	Allegheny
SILVERMAN, MD, Joseph S	Blair
SILVERMAN, MD, Mendel	Allegheny
SILVERMAN, MD, Morton I	Lehigh
SILVERMAN, MD, Morton L	Montgomery
SILVERMAN, MD, Myron H	York
SILVERMAN, MD, Robert B	York
SILVERMAN, MD, Stanley P	Montgomery
SILVERMAN, MD, Stuart L	Allegheny
SILVERMAN, MD, William H	Northampton
SILVERMAN, MD, William S	Philadelphia
SILVERS, MD, Abigail A	Montgomery
SILVERS, MD, Arthur H	Delaware
SILVERSTEIN, MD, Alan J	Allegheny
SILVERSTEIN, MD, Charles E	Allegheny
SILVERSTEIN, MD, Daniel K	Luzerne
SILVERSTEIN, MD, David H	Cambria
SILVERSTEIN, MD, Kenneth L	Philadelphia
SILVERSTEIN, MD, Leonard I	Philadelphia
SILVERSTEIN, DO, Scott D	Lancaster
SILVERSTEIN, MD, Scott M	Philadelphia
SILVERSTINE, MD, Leslie B	Mckean
SILVESTRI, MD, Archimede J	Philadelphia
SILVIDI, MD, Julius A	Allegheny
SILVIS, MD, Harry J	Washington
SIM, MD, Hyun S	Armstrong
SIMAN, MD, Bernard	Philadelphia
SIMASEK, MD, Madeline	Allegheny
SIMENSON, MD, Robert A	Philadelphia
SIMERMAN, MD, Lee Paul	Philadelphia
SIMKINS, MD, Jo M	Allegheny
SIMMONDS, MD, Mary A	Dauphin
SIMMONDS, MD, Robert T	Allegheny
SIMMONS, MD, Richard L	Allegheny
SIMMS, MD, George R	Dauphin
SIMON, MD, Janet M	Philadelphia
SIMON, MD, Kathryn K	Montgomery
SIMON, MD, Owen J	Bucks
SIMON, MD, William H	Philadelphia
SIMONE, MD, Frank J	Indiana
SIMONE, MD, Samuel T	Allegheny
SIMONIAN, MD, Thomas M	Erie
SIMONS, MD, Carl I	Bucks
SIMONS, MD, Howard M	Philadelphia
SIMONS, MD, Jeffrey S	Philadelphia
SIMONS, MD, Richard J	Dauphin
SIMONS, ROBERT M	Student
SIMONS, MD, William M	Monroe
SIMONSEN, MD, Ronald W	Warren
SIMORA, MD, Felix S	Erie
SIMPSON, MD, Joseph W	Philadelphia
SIMPSON, MD, Roy W	Lackawanna
SINAIKO, MD, Peter A	Bucks
SINCAVAGE, MD, Joseph T	Delaware
SINCHIOCO, MD, Ceferino S	Allegheny
SINCLAIR, MD, Catherine P	Washington

SINCLAIR, MD, Michael C	Lehigh
SINCLAIR, MD, Sydney E	Lycoming
SINE-KARASICK, DO, Madelyn	Montgomery
SINGAPURI, MD, Kishor	Dauphin
SINGER, MD, Amy	Philadelphia
SINGER, MD, Barry L	Montgomery
SINGER, MD, Edward S	Philadelphia
SINGER, MD, Fred	Philadelphia
SINGER, MD, Irvin	Philadelphia
SINGER, MD, Jerome	Delaware
SINGER, MD, Joseph D	Montgomery
SINGER, PAUL S	Student
SINGER, MD, William H	Lehigh
SINGH, MD, Ajay P	Somerset
SINGH, MD, Amarjeet R	Beaver
SINGH, AMITABH	Student
SINGH, MD, Arvind K	Lackawanna
SINGH, MD, Bijai B	Indiana
SINGH, MD, Daljit	Allegheny
SINGH, MD, Datar	Allegheny
SINGH, MD, Gurcharan	Philadelphia
SINGH, MD, Gurdial N	Northmbrland
SINGH, MD, Gursharan	Schuylkill
SINGH, MD, Madhuri	Allegheny
SINGH, MD, Malkit	Fayette
SINGH, MD, Navjeet	Philadelphia
SINGH, MD, Rajendra	Schuylkill
SINGH, MD, Ravi S	Erie
SINGH, MD, Rupinder D	Allegheny
SINGH, MD, Surender	Lancaster
SINGH, MD, Vijai P	Fayette
SINGLEY, MD, Thomas L	Fayette
SINHA, MD, Chandrika P	Indiana
SINHA, MD, Raj Kamal	Philadelphia
SINHA, MD, Vandana M	York
SINOR, MD, Bakhti	Allegheny
SIPE, MD, Paul G	York
SIPES, MD, Duane E	Luzerne
SIPES, MD, Earl K	Lehigh
SIRIO, MD, Carl A	Dauphin
SIRIPONG, MD, Silpachai	Lawrence
SIRKEN, DO, David H	Philadelphia
SIROTNAK, MD, John J	Lackawanna
SIROTNAK, MD, John J	Montgomery
SITANIK, KATHLEEN M	Student
SITKOFF, DO, Andrew D	Chester
SIU, MD, Clare C	Wayne/Pike
SIVENDRAN, MD, Tharmalingam	Adams
SIVITZ, MD, Marta E	Philadelphia
SIVITZ, MD, Michael C	Montgomery
SIVULICH, MD, Michael J	Cambria
SKAROFF, MD, Richard M	Philadelphia
SKARUPA, MD, Steven J	Delaware
SKEDROS, MD, Demetrios G	Allegheny
SKEEN, MD, James T	Lancaster
SKEIST, MD, Barry P	Bradford
SKERRETT, MD, Philip V	Philadelphia
SKETTINO, MD, Joseph A	Lackawanna
SKIENDZIELEWSKI, MD, John J	Montour
SKINNER, MD, Douglas V	Allegheny
SKINNER III, MD, Robert W	Lancaster
SKLAR, LESLIE A	Student
SKLAROFF, MD, David M	Philadelphia
SKLAROFF, MD, Robert B	Philadelphia
SKOBIERANDA, FRANCK G	Student
SKOBIERANDA, KATHE R	Student
SKOLNICK, MD, Kenneth B	Allegheny
SKONIECZKI III, STAN R	Student
SKORINKO, MD, Kenneth P	Northampton
SKOVIRA, MD, Edward M	Lackawanna
SKOVRON, MD, Michael	Erie
SKOWRONSKI, MD, Theodore J	Montgomery
SKRENTA, MD, Richard J	Allegheny
SKRENTNY, MD, Thomas T	Blair
SKROMAK, MD, Stanley J	Philadelphia
SKUBICK, MD, Daniel L	Montgomery
SKUTCHES, MD, Joseph M	Northampton
SKVERSKY, MD, Norman J	Philadelphia
SKWEIR, MD, Leon A	Lehigh
SKWIRUT, MD, Frank A	Delaware
SLABIC, MD, Peter P	Erie
SLABIC, MD, Stan F	Erie
SLADE, MD, Robert N	Northampton
SLAGLE, MD, Edward H	Allegheny
SLAP, MD, Joseph W	Philadelphia
SLATER, MD, Harvey	Allegheny
SLATER, MD, Kenneth C	Carbon
SLATER, MD, Robert	Delaware
SLATON, MD, Stephen S	Schuylkill
SLAVIN, DOROTHY A	Student
SLAVIN, MD, James W	Philadelphia
SLAVISH, MD, Lydia G	Berks
SLAVKIN, MD, Marvin D	Allegheny
SLAYTON, MD, Robert I	Allegheny
SLEDZ, MD, Ann Marie	Northampton
SLEETH, MD, J Matthew	Washington
SLEMENDA, MD, William D	Beaver
SLEMP, MD, Catherine C	Allegheny
SLENKER, MD, Kevin F	Lancaster
SLEZAK, MD, Joseph A	Westmoreland
SLICK, MD, Gregory	Bedford
SLIMMER JR, MD, Samuel C	Schuylkill
SLIWINSKI, MD, Stanley J	Bucks
SLIWKOWSKI, MD, Joseph J	Philadelphia
SLOAN, MD, Charles R	Fayette
SLOAN, MD, Dean A	Montgomery
SLOAN, MD, Richard W	York
SLOANE, MD, Charles E	Westmoreland
SLOANE, MD, Paul	Philadelphia
SLOCHOWER, MD, Dennis	Philadelphia
SLOCUM, MD, Harold E	Montour
SLOMIANY, MD, Walter P	Washington
SLOTHOUR, MD, Edward F	Dauphin
SLOVAK, MD, John P	Lancaster
SLOVAK, DO, Michael J	Luzerne
SLUHOCKI, DO, Mark	Luzerne
SMAHA, MD, Lynn A	Bradford
SMALL, DEBORAH E	Student
SMALL, MD, Richard E	York
SMALLS, RHONDA J	Student
SMART, MD, Lawson C	Crawford
SMEAL, MD, William E	Cambria
SMELTZER, MD, Kenneth L	Dauphin
SMIGOCKI JR, MD, Gene C	Lancaster
SMILEY, MD, Joseph W	Delaware
SMINK JR, MD, Robert D	Delaware
SMITH, MD, A Mitchell	Philadelphia
SMITH, MD, Ann J	Dauphin
SMITH, MD, Arthur E	Philadelphia
SMITH, MD, Arthur K	Philadelphia
SMITH, MD, Barton L	Berks
SMITH, BRUCE D	Student
SMITH, MD, Buster Deangelo	Philadelphia
SMITH, MD, Charlene M	Bucks
SMITH, CHARLES E	Student
SMITH, MD, Charles F	Lehigh
SMITH, MD, Darrin S	Berks
SMITH, MD, David A	Bucks
SMITH, MD, David A	Dauphin
SMITH, MD, David L	Bucks
SMITH, MD, David R	Montgomery
SMITH, MD, Dean A	Luzerne
SMITH, MD, Dennis R	Union
SMITH, MD, Donald C	Luzerne
SMITH, MD, Donald H	Northampton
SMITH, MD, Earl B	Allegheny
SMITH, MD, Edgar C	Delaware
SMITH, MD, Edward G	Mercer
SMITH, MD, Eugene C	Lancaster
SMITH, MD, Gary L	Allegheny
SMITH, MD, Gary M	Luzerne
SMITH, MD, Glenn O	Allegheny
SMITH, MD, Gregory N	Allegheny
SMITH, MD, Gregory T	Allegheny
SMITH, MD, Ian D	Lancaster
SMITH, MD, Ivan S	Montgomery
SMITH, MD, Jack D	Westmoreland
SMITH, MD, James K	Allegheny
SMITH, MD, James M	Cumberland
SMITH, MD, James R	Delaware
SMITH, MD, James W	York
SMITH, MD, Jan D	Allegheny
SMITH, MD, Jere P	Lehigh
SMITH, MD, John M	York
SMITH, MD, John R	Allegheny
SMITH, MD, John W	Allegheny
SMITH, MD, Joseph L	Montour
SMITH, MD, Kaighn	Philadelphia
SMITH, MD, Maria B	Delaware
SMITH, MD, Mark E	Dauphin
SMITH, MD, Mary L	Montgomery
SMITH, MD, Monica E	Philadelphia
SMITH, MD, Paul H	Dauphin
SMITH, PAUL T	Student
SMITH, MD, Raymond L	Berks
SMITH, MD, Robert A	Delaware
SMITH, MD, Robert G	Warren
SMITH, MD, Robert W	Montgomery
SMITH, MD, Roger M	Montgomery
SMITH, MD, Ronald E	Berks
SMITH, MD, Russell C	Chester
SMITH, MD, Samuel D	Allegheny
SMITH, MD, Sandra J	Montour
SMITH, MD, Stephen H	Bucks
SMITH, MD, Thomas C	Huntingdon
SMITH, MD, Thomas W	Jefferson
SMITH, MD, Tim C	Philadelphia
SMITH, MD, Victoria T	Blair
SMITH, MD, Walter E	Allegheny
SMITH, MD, Walter K	Westmoreland
SMITH, MD, Warren S	Allegheny
SMITH, MD, William D	Delaware
SMITH, MD, William P	Cambria
SMITH, MD, William T	Allegheny
SMITH III, MD, John H	Allegheny
SMITH JR, MD, B Davison	Delaware
SMITH JR, MD, Benjamin V	Allegheny
SMITH JR, MD, Chester L	Monroe
SMITH JR, MD, Edgar C	Philadelphia
SMITH JR, MD, George S	Lehigh
SMITH JR, MD, H Alex	Luzerne
SMITH JR, MD, Harold A	Montour
SMITH JR, MD, J Stanley	Dauphin
SMITH JR, MD, James W	Beaver
SMITH JR, MD, Morgan T	Montgomery
SMITH JR, MD, Perry C	Washington
SMITH JR, MD, Ross H	Allegheny
SMITH-HARRISON, MD, Denise L	Philadelphia
SMOLINSKI, DO, William J	Lehigh
SMOLKO, MD, James M	York
SMOLKO, MD, James R	York
SMOLKO, MD, Milan J	Lackawanna
SMOLKO, MD, Milan M	Lackawanna
SMOOKE, MD, Mark E	Mifflin/Juni
SMOYER, MD, Ronald L	Cambria
SMULLENS, MD, Stanton N	Philadelphia
SMYTH, MD, Lawrence T	Northampton
SMYTHE, MD, Peggy A	Allegheny
SNEDDEN, MD, Hal E	Montgomery
SNEDDEN, MD, Michael H	Montgomery
SNEFF, MD, Eugene M	Blair
SNELGROVE, MD, Norman E	Lancaster
SNELL JR, EDWARD D	Student
SNIDER, MD, B Leonard	Erie
SNITZER, MD, Arnold J	Allegheny
SNODGRASS JR, MD, W Homer	Allegheny
SNOOK, MD, Mary Ellen	Philadelphia
SNOVER, MD, Seth W	Montour
SNOW, MD, Daniel S	Erie
SNOW, MD, Laurence H	Philadelphia
SNOW, MD, Ross A	Erie
SNOW JR, MD, James B	Philadelphia
SNYDER, MD, Allen P	Allegheny
SNYDER, MD, Barry J	Clarion
SNYDER, MD, Barry J	Bucks
SNYDER, MD, Diehl M	Lebanon
SNYDER, MD, Earl J	Lebanon
SNYDER, MD, Harry D	Montgomery
SNYDER, MD, Henry R	York
SNYDER, MD, James V	Allegheny
SNYDER, MD, John M	Northampton
SNYDER, MD, Kerman	Philadelphia
SNYDER, MD, Marvin C	Carbon
SNYDER, MD, Michael T	Philadelphia
SNYDER, MD, Randall W	Lackawanna
SNYDER, DO, Richard K	Lehigh
SNYDER, MD, Richard L	Lancaster
SNYDER, MD, Richard W	Montgomery
SNYDER, MD, Robert D	Chester
SNYDER, MD, Robert L	Northampton
SNYDER, DO, Samuel K	Philadelphia
SNYDER, SCOTT G	Student
SNYDER, MD, Stanley	Lehigh
SNYDER, MD, Stuart	Philadelphia
SNYDER III, MD, Howard Mcc	Philadelphia
SNYDER JR, MD, Charles F	Northampton
SNYDER JR, MD, Charles P	Westmoreland
SNYDERMAN, MD, Carl H	Allegheny
SNYDERMAN, MD, Ruben	Allegheny
SNYDMAN, MD, Leonard	Philadelphia
SOBELMAN, MD, Paul B	Lancaster
SOBER, MD, Diane M	Allegheny
SOBIESKI, MD, Joseph T	Cambria
SOBOL, MD, Steven M	Allegheny
SODEMAN, MD, William A	Philadelphia
SODUMS, MD, Marcis T	Bradford
SOFFE, MD, Alvin M	Philadelphia
SOFFER, MD, Marvin	Philadelphia
SOFFIETTI, MD, John H	Butler
SOFFLER, MD, Robert J	Montgomery
SOFFRONOFF, MD, Pierce	Allegheny
SOHN, MD, William J	Montgomery
SOIFER, DO, Harvey A	Philadelphia
SOIFER, DO, Neal E	Lackawanna
SOISSON JR, MD, Ferdinand L	Cambria
SOKALCHUK, MD, Andrew	Philadelphia
SOKIL, MD, Alexis Bohdan	Philadelphia
SOKOL, MD, Joel H	Delaware
SOKOL, MICHAEL C	Student
SOLAN, MD, James A	Westmoreland
SOLAN, MD, Merrill J	Delaware
SOLANKI, MD, Haresh P	Philadelphia
SOLANKI, NISHA S	Student
SOLANO JR, MD, Francis X	Allegheny
SOLBERG, MD, Byrne L	Delaware
SOLI, MD, Soleiman M	Philadelphia
SOLIC, MD, John J	Centre
SOLIMAN, MD, Ezzat M	Wyoming
SOLIMAN, MANAL M	Student
SOLIS, MD, J Andrew	Philadelphia
SOLIT, RICHARD L	Student
SOLIT, MD, Robert W	Philadelphia
SOLL, MD, David B	Philadelphia
SOLLENBERGER, MD, Larry L	Dauphin
SOLLENBERGER, MD, Laura B	Montour
SOLLER, MD, Herbert I	Dauphin
SOLOMON, MD, Andrew K	Lehigh
SOLOMON, MD, Cynthia A	Luzerne
SOLOMON, DO, Dennis R	Philadelphia
SOLOMON, MD, Elias M	Lancaster
SOLOMON, DO, Eric D	Bucks
SOLOMON, MD, Macy B	Chester
SOLOMON, MD, Samuel J	York
SOLOMON, MD, Solomon D	Adams
SOLOT, DO, Jerald A	Allegheny
SOLOW, MD, Edward A	Philadelphia
SOLOW, MD, Irwin A	Allegheny
SOLOWAY, MD, Stephen	Delaware
SOLTER, MD, Alan W	Allegheny
SOMA, MD, Joseph J	Lackawanna
SOMASUNDARAM, MD, Anasuya	Northampton
SOMERS, MD, Ernest E	Franklin
SOMERS, MD, Herbert J	Philadelphia
SOMERS, MD, Keith S	Westmoreland
SOMERS, MD, Laurence A	Philadelphia
SOMERS, MD, Robert G	Philadelphia
SOMERS, MD, William R	Lycoming
SOMMA, MD, Richard M	Luzerne
SOMMARIPA, MD, Amory M	Bucks
SOMMER, MD, Deborah L	Allegheny
SOMMER, MD, John T	Delaware
SOMMER, MD, Vicki M	Blair
SOMMERVILLE, MD, Kenneth W	Lebanon
SONBOLIAN, MD, Nasser	Allegheny
SONDER, MD, Hester M	Philadelphia
SONDER, MD, Max J	Philadelphia
SONG, MD, Michaela C	Philadelphia
SONG, MD, Sang W	Bucks
SONG, MD, Steven S	Montgomery
SONG, MD, Young J	Westmoreland
SONG, MD, Yung-Doo	Philadelphia
SONNE, MD, John C	Philadelphia
SONNEBORN, MD, Duane G	Philadelphia
SONSINI, MD, Gregg A	Montgomery
SOOD, MD, Arun K	Warren
SOOD, MD, Promila	Warren
SOPCHAK, MD, Michael A	York
SORARUF IV, MD, Louis P	Chester
SORBER, MD, Jon A	Wyoming
SORBER, MD, William A	Lycoming
SORENSEN, MD, Alfred L	Washington
SORIANO, MD, Claver S	Allegheny
SORIANO JR, MD, Manuel G	Elk/Cameron
SORICELLI, MD, Rhonda L	Philadelphia
SORICELLI, MD, Richard R	Delaware
SOROKANICH, MD, Stephen	Lackawanna
SOROSKY, MD, Joel I	Dauphin
SORR, MD, Edward M	Allegheny
SOSIS, MD, Arthur C	Lehigh
SOSS, DO, Murray C	Philadelphia
SOTELO, MD, Augusto	Westmoreland
SOTHERLAND, MD, Jewelle R	Philadelphia
SOTO, MD, Angela M	Dauphin
SOTOMAYOR, MD, Antonio E	Berks
SOTOMAYOR, MD, Matilde R	Berks
SOTOODEHFAR, MD, Rahim	Allegheny
SOTOS, MD, L Nicholas	Armstrong
SOTOS, MD, Peter N	Armstrong
SOTOS, MD, Steven N	Allegheny
SOTTILE, ELISA M	Student
SOTUS, MD, Peter C	Mercer
SOUDER, MD, C Lawrence	Lehigh
SOUDER, MD, Francis R	Bucks
SOUDER, MD, Ronald L	Bucks
SOUDERS, MD, Thomas B	Berks
SOUILLIARD, MD, Donald H	Bucks
SOUNDARARAJAN, MD, Ranganatha	Lycoming
SOUSER, MD, Roslyn C	Montgomery
SOVETSKY, DO, Charles L	Delaware
SOWERS, MD, John W	Franklin
SPADONI, MD, Joseph L	Lehigh
SPAETH, MD, George L	Philadelphia
SPAGNA, MD, Paschal M	Philadelphia
SPAGNOLETTI, MD, Louis	Philadelphia
SPAGNOLI, MD, Marie V	Adams
SPAHR, MD, Robert C	Montour
SPALDING, JENNIFER A	Student
SPANARD, MD, Russell A	Allegheny
SPANDORFER, MD, John M	Philadelphia
SPANGLER, MD, John G	Montour
SPANGLER, DO, Martin L	Berks
SPANOGIANS, MD, Angelo J	Washington
SPAZIANI, MD, Joseph T	Luzerne
SPEACE, MD, George F	Luzerne
SPEARS, MD, Laura S	York
SPEARS, MD, Paul F	York
SPECK, MD, Ellen L	Philadelphia
SPECTER, MD, Janet S	Philadelphia
SPECTOR, MD, Gus	Chester
SPECTOR, DO, Howard L	Luzerne
SPEEDY, MD, Harry W	Westmoreland
SPEER, MD, Andrew B	Allegheny
SPEER, MD, John F	Philadelphia
SPEERS, MD, Herbert K	Bucks
SPEICHER, MD, Julie M	Lackawanna
SPEICHINGER, MD, James P	Lycoming
SPELLER, MD, J Finton	Philadelphia
SPENCE, DO, Michael W	Monroe
SPENCER, MD, Donald Lynn	Chester
SPENCER, MD, H Newton	Delaware
SPERANZA, MD, David N	Luzerne
SPERLING, MD, David M	Allegheny
SPERLING, MD, Herbert V	Allegheny
SPEVACK, DO, Theodore A	Philadelphia
SPIEGEL, MD, Arthur	Philadelphia
SPIEGEL, MD, Daniel	Allegheny
SPIEGEL, MD, Edward P	Bucks
SPIEGEL, MD, Joseph R	Philadelphia
SPIEKERMANN, MD, Burkhard F	Berks
SPIELBERGER, MD, Karen M	Montgomery
SPIGNER, MD, Donald W	Dauphin
SPIKER, MD, Duane G	Allegheny
SPILLMAN, MD, Murray K	Lancaster
SPILSBURY, MD, Paul R	Montour
SPINA, MD, Carmen M	Butler
SPINA, MD, Nancy R	Butler
SPINA JR, MD, Joseph	Delaware
SPINGOLA, MD, Charles E	Butler
SPINNER, MD, Morton H	Monroe
SPINNEY, MD, Carmen E	Lycoming
SPINO, MD, Pascal D	Westmoreland
SPINUZZA, MD, Thomas J	Fayette
SPIRITOS, MD, Michael D	Montgomery
SPIRO, MD, Paul D	Bucks
SPITLER III, MD, William M	Lancaster
SPITZ, MD, Eugene B	Philadelphia
SPITZ, MD, Francis R	Philadelphia
SPITZ, MD, Lawrence K	Philadelphia
SPITZER, MD, Stanley	Philadelphia
SPIVACK, MD, Jack	Bucks
SPLAIN, DO, Dennis J	Lehigh

SPLANE, MD, Bruce L	Montour
SPOCK, MD, Nicholas	Northmbrland
SPOEHR, MD, Luther W	Allegheny
SPOLL, DO, Edward A	Northampton
SPOTTS, DOUGLAS A	Student
SPOTTS, MD, Ricke L	Lebanon
SPRANDIO, MD, John D	Philadelphia
SPRATT, MD, Charles E	Montgomery
SPRATT, MD, Robert H	Montgomery
SPRECHER JR, MD, Omer D	Franklin
SPRING, MD, Deborah A	Luzerne
SPRINGER, MD, David T	Delaware
SPRINGER, MD, Jay M	Montgomery
SPRINGER III, MD, Robert M	Lancaster
SPROWLS, MD, Jay R	Washington
SPURRIER, MD, David J	Cumberland
SQUADRITO JR, MD, James F	Montgomery
SQUILLANTE, MD, Robert G	Philadelphia
SQUIRES, FREDRIC B	Student
SRAY, WILLIAM A	Student
SRIDHARA, MD, C R	Philadelphia
SRIDHARAN, MD, Malini	Philadelphia
SRIHARSHA, MD, Patalam S	Columbia
SRINIVASAGAM, MD, Narasimman	Allegheny
SRINIVASAN, MD, Venkatraman	Lycoming
SRIVASTAVA, MD, Brij B	Delaware
SRIVASTAVA, MD, Poonam	Northmbrland
SRIVASTAVA, MD, Sheonath P	Cambria
SRODES, MD, Charles H	Allegheny
SROUJI, MD, Maurice N	Philadelphia
SROUJI, MD, Samir J	Dauphin
SROUR, MD, James W	York
ST CLAIR, DOUGLAS A	Student
STAAB, MD, Jeffrey P	Allegheny
STAAS JR, MD, William E	Philadelphia
STABILE, MD, Jerome G	Northampton
STABLER, MD, Craig L	Lycoming
STACHER, MD, Eric D	Greene
STACHOWIAK, MD, Edward J	Berks
STACK, MD, William T	Philadelphia
STACKS JR, MD, Jacob C	Dauphin
STADER, MD, Richard O	Franklin
STADTMILLER, MD, Richard J	Allegheny
STAEBLER, MD, Robin J	Berks
STAFFORD, MD, Calvin R	Delaware
STAFFORD, MARSHALL W	Student
STAFFORD, MD, Regis W	Allegheny
STAHL, MD, Robert W	Dauphin
STAHLE, MD, Dale C	Dauphin
STAHLFELD, MD, Kurt R	Allegheny
STAHLFELD, MD, Margaret M	Allegheny
STAHLMAN, MD, Frederick B	Clarion
STAHLMAN, MD, Roy A	Delaware
STAHLNECKER, MD, C Stephen	Delaware
STAINBACK, MD, William C	Montgomery
STALTER, MD, Ralph J	Allegheny
STALTERI, DO, Michael F	Indiana
STAMAN, MD, Harry	Allegheny
STAMATAKOS, MD, Michael J	Lehigh
STAMM, MD, Barry D	Erie
STAMPFER, DAVID S	Student
STANCOMBE, MD, Wesley R	Northampton
STANDLER, NANCY A	Student
STANDRE, MD, Mary L	Allegheny
STANEK, MD, Marjorie A	Philadelphia
STANEK, MD, Robert	Philadelphia
STANELL, WILLIAM P	Student
STANGER, MD, Robert H	Allegheny
STANISH, MD, Frank X	Allegheny
STANITSKI, MD, Carl L	Allegheny
STANK, MD, Thomas M	Philadelphia
STANKIEWICZ, MD, Russell J	Union
STANKO, MD, Kenneth M	Allegheny
STANKOSKI, MD, John A	Luzerne
STANKOVIC, MD, Ljubisa	Dauphin
STANSBURY, MD, Neal A	Philadelphia
STANTON JR, MD, James N	Allegheny
STANTON JR, MD, John J	Philadelphia
STANULONIS, MD, Stanley W	Schuylkill
STAPLES, MD, Herman D	Delaware
STAPLETON, MD, Christopher P	Montour
STAPOR, MD, David J	Allegheny
STAPP, MD, Harriet L	Montgomery
STAR, MD, Andrew M	Montgomery
STARER, MD, Larrimore J	Delaware
STARK, MD, Bruce I	Chester
STARK, JAMIE C	Student
STARKEY, MD, Kathryn T	Allegheny
STARKEY, MD, Ralph H	Montour
STARRELS, MD, Michael E	Bucks
STARRELS, MD, Sidney H	Philadelphia
STARSNIC, MD, Mary A	Philadelphia
STARZ, MD, Terence W	Allegheny
STARZL, MD, Thomas E	Allegheny
STASIK JR, MD, John J	Lehigh
STAUB, MD, Alice W	Philadelphia
STAUB, PERPETUA A	Student
STAUBS, DO, Charles R	Beaver
STAUDENMEIER JR, JAMES J	Student
STAUFFER, MD, Harold E	Lancaster
STAUFFER, MD, James D	Lebanon
STAUFFER, MD, Richard A	Northampton
STAUFFER, MD, Stanley S	Northampton
STAVRIDES, MD, Alexander	Allegheny
STAYER, MD, Glenn A	Montour
STEC, MD, Eugene G	Lackawanna
STECKEL, MD, Alan J	Allegheny
STECKEL, MD, Donald C	Union
STEED, MD, David L	Allegheny
STEEL, MD, Howard H	Philadelphia
STEELE, MD, John F	Mercer
STEELE, DO, Kirth W	Northampton
STEELE, MD, Logan H	Allegheny
STEELE, MD, R Edward	Cumberland
STEEN, MD, Oliver T	Allegheny
STEERMAN, MD, Paul H	Philadelphia
STEFANELLI, MD, James L	Philadelphia
STEFANICK, DO, Patti A	Cambria
STEFANIK, MD, David	Cambria
STEFANYSZYN, MD, Mary A	Philadelphia
STEFFENSEN, MD, David O	Westmoreland
STEFKO, MD, Joseph M	Allegheny
STEGURA, MD, Barney A	Luzerne
STEIGERWALT, MD, John L	Montgomery
STEIKER, MD, Daniel D	Philadelphia
STEIN, MD, Alan H	Cambria
STEIN, ANTHONY	Student
STEIN, MD, Arthur V	Lehigh
STEIN, DAGMAR	Student
STEIN, MD, Eleanor R	Dauphin
STEIN, MD, Eric J	Delaware
STEIN, MD, Franklin M	Philadelphia
STEIN, MD, George N	Philadelphia
STEIN, HOWARD M	Dauphin
STEIN, MD, Hymen D	Philadelphia
STEIN, MD, Irvin	Philadelphia
STEIN, DO, Jack M	Philadelphia
STEIN, MD, Natalio	Philadelphia
STEIN, MD, Robert S	Northampton
STEIN, MD, Seymour	Philadelphia
STEIN, MD, Thomas M	Allegheny
STEIN, MD, Walter	Berks
STEIN JR, MD, Donald B	Delaware
STEINBERG, MD, Abraam	Allegheny
STEINBERG, MD, Annie G	Philadelphia
STEINBERG, MD, Marvin E	Philadelphia
STEINBERG, MD, Nathan	Philadelphia
STEINBERG, MD, Steven	Montgomery
STEINBOOK, MD, Melvin	Northampton
STEINBRINK, MD, William H	Erie
STEINDEL, MD, Carl R	Lackawanna
STEINEM, MD, Cynthia A	Jefferson
STEINFELD, MD, Richard I	Mercer
STEINGARD, MD, Joseph J	Philadelphia
STEININGER, BARBARA A	Student
STEINMAN, MD, Arnold M	Allegheny
STEINMAN, MD, Richard A	Allegheny
STEINMAN, MD, Robert C	Lancaster
STEINMETZ III, MD, Charles G	Philadelphia
STEINMEYER JR, MD, Harry H	Montgomery
STEINOUR, MD, Thomas A	Franklin
STEKERT, MD, Ruth	Bucks
STELLA, MD, Joseph E	Montour
STELLA, MD, Victoria G	Berks
STELLMACHER, MD, Virginia M	Lehigh
STELMACH, MD, Peter	Berks
STELMACH, MD, W Peter	Berks
STELTZ, MD, Marie A	Philadelphia
STELZER, MD, Frederic A	Lehigh
STEM JR, MD, Theodore B	Westmoreland
STEMMLER, MD, Edward J	Philadelphia
STEMPKOWSKI JR, MD, Joseph J	Allegheny
STEN, MD, Jon D	Northmbrland
STENE, MD, John K	Dauphin
STENGEL, MD, Robert J	Lancaster
STEPANITIS, DO, Joseph W	Luzerne
STEPANOW, MD, Samuel J	Allegheny
STEPANSKY, MD, David W	Montgomery
STEPANSKY, MD, William	Montgomery
STEPHAN, MD, Thorsten	Allegheny
STEPHEN, KRISTEN A	Student
STEPHENS, MD, Marilyn H	Clearfield
STEPHENS JR, MD, Harry W	Lehigh
STEPHENSON, MD, James B	Chester
STEPHENSON, MD, Orlando K	Perry
STEPHENSON, MD, Patricia A S	Bucks
STEPPACHER, MD, Lester G	Philadelphia
STEPT, MD, Larry L	Allegheny
STEPT, MD, Leonard A	Allegheny
STEPT, MD, Raymond	Allegheny
STEPT, MD, William J	Allegheny
STERLING, MD, Nancy I	Dauphin
STERN, MD, John J	Philadelphia
STERN, MD, Lillian H	Philadelphia
STERN, MD, Robert M	Allegheny
STERNBURG, MD, Jon K	Wayne/Pike
STERNLIEB, MD, Jonathan M	Montgomery
STERNLIEB, MD, Sanford B	Luzerne
STERNS, MD, David A	Dauphin
STETZ, DO, Drew J	Huntingdon
STEVEN, MD, James M	Philadelphia
STEVENS, MD, Bryan J	York
STEVENS, DO, Philip J	Delaware
STEVENS, MD, Robert G	Lycoming
STEVENSON, ALAN J	Student
STEVENSON, MD, Richard D	Montgomery
STEVER, DO, Samuel W	Philadelphia
STEWARD, MD, Joanne A	Lehigh
STEWARD JR, MD, Robert E	Clearfield
STEWART, MD, Ellen C	Allegheny
STEWART, MD, James A	Lycoming
STEWART, MD, Leslie A	Philadelphia
STEWART, MD, Mervin S	Allegheny
STEWART, MD, Michael J	Philadelphia
STEWART, MD, Michael P	Lackawanna
STEWART, MD, Patricia E	Montgomery
STEWART, MD, Richard P	Dauphin
STEWART, MD, William D	Allegheny
STEWART, MD, William P	Philadelphia
STEWART III, DO, Joseph H	Franklin
STEWART JR, MD, William G	Montgomery
STICK, MD, Wesley D	York
STIEBER, MD, Andrei C	Allegheny
STIEBER, MD, Scott F	Lancaster
STIEF, MD, Michael J	Northmbrland
STIEG, MD, Philip D	Lebanon
STIEGEL, MD, Robert M	Beaver
STIERSTORFER, MD, Max J	Lehigh
STIFFEL, MD, Arthur	Philadelphia
STIFFEL, MD, Jerry	Philadelphia
STILE, MD, Sabato A	Westmoreland
STILL, MD, George J	Mckean
STILLERMAN, MD, Charles B	Allegheny
STINE, MD, Amy R	Allegheny
STINE, MD, Ann M	Allegheny
STINELY, MD, Regis W	Washington
STINEMAN, MD, Margaret G	Philadelphia
STISH, MD, Eugene R	Luzerne
STISH JR, MD, Anthony G	Luzerne
STITT, MD, Donald G	Mercer
STITT, MD, Hugh I	Armstrong
STOCKER, MD, Kevin D	Allegheny
STOFMAN, MD, Henry C	Philadelphia
STOKAR, MD, Lawrence M	Allegheny
STOKEN, MD, Drew J	Cumberland
STOKER, MD, John W	Blair
STOKES, MD, Ranjan	Philadelphia
STOLLER, MD, Ronald G	Allegheny
STOLOFF, MD, Irwin L	Philadelphia
STOLTZFUS, BONNIE M	Student
STOLTZFUS, MD, Elam R	Union
STOLZ, MD, John C	Berks
STOLZ, MD, Jonathan L	Berks
STOLZ, MD, Paul K	Berks
STOLZ, DO, Ralph E	Lehigh
STOLZER, MD, Bertrand L	Allegheny
STONE, MD, Cheryle A	Wyoming
STONE, MD, David A	York
STONE, DO, Donald J	Columbia
STONE, MD, Hrant H	Philadelphia
STONE, MD, Kevin E	Montgomery
STONE, MD, Robert K	Montgomery
STONE, MD, Walker H	Lycoming
STONE JR, MD, Charles S	Allegheny
STONEBRAKER, MD, Vincent C	Allegheny
STONER, MD, John C	Dauphin
STONER, MD, John G	York
STONER, MD, Max A	Dauphin
STONER, MD, Paul S	Dauphin
STONER, MD, Robert E	Lancaster
STONER JR, MD, Robert R	Dauphin
STOOL, MD, Sylvan E	Allegheny
STOPPENHAGEN, MD, David R	Philadelphia
STOREY, MD, Mark A	Allegheny
STORM, MD, Charles T	Delaware
STORY, MD, Nancy S	Lycoming
STOTE, MD, Robert M	Philadelphia
STOTKA, MD, Victor L	Allegheny
STOTLER, MD, Charles W	Cambria
STOUDT, MD, Donald E	Berks
STOUDT, MD, K Donald	Mercer
STOUDT, DO, Kathy J	Berks
STOUFFER JR, MD, Vance R	York
STOUT, MD, Richard R	Allegheny
STOUT, MD, William J	Lancaster
STOVER, MD, Donald L	Cambria
STOWELL, MD, Joseph M	Blair
STPHARD, DEBORAH	Student
STRACCI, DO, Peter F	Allegheny
STRAHS, MD, Gerald	Delaware
STRAKA, MD, John A	Allegheny
STRALEY, MD, Richard K	Lycoming
STRAMAT, MD, John M	Allegheny
STRANG, MD, Clyde A	York
STRANGARITY, MD, Joseph W	Lancaster
STRASSER, DAVID M	Student
STRATFORD, MD, Sandra D	Philadelphia
STRATIS, MD, John P	Dauphin
STRATTON, MD, Henry A	Philadelphia
STRATTON, MD, Robert D	Erie
STRATTON, MD, Robert G	Lehigh
STRAUB, MD, William H	Allegheny
STRAUSBAUGH, MD, Donald R	York
STRAUSE JR, MD, Harold L	Berks
STRAUSS, MD, Jay E	Northampton
STRAUSS, MD, Richard E	Bucks
STRAUSS, MD, Robert D	Lehigh
STRAVINO, MD, Vincent D	Northampton
STRAYER, MD, David R	Philadelphia
STREAR, CHRISTOPHER M	Student
STREET, MD, Thomas F	Luzerne
STREETER IV, MD, Robert C	Westmoreland
STREIFF JR, MD, John J	Erie
STREISFELD, MD, David L	Lebanon
STREISFELD, MD, Neil T	Philadelphia
STRELEC, MD, Stephen R	Allegheny
STREMPLE, MD, John F	Allegheny
STRENGE, MD, Henry J	Philadelphia
STRETTON, MD, Jean B	Chester
STREUBERT, MD, George E	Northampton
STRIAR, MD, Jeffrey H	Montgomery
STRICKER, MD, Robert S	Luzerne
STRICKLAND, MD, Mary L	Montour
STRICKLER, MD, Jane A M	Centre
STRIMLAN, MD, C Vaughn	Allegheny
STRINE, MD, James A	Allegheny
STRITE JR, MD, James A	Franklin
STRITTMATTER, MD, John M	Lancaster
STROBBE, MD, Richard D	York
STROBEL JR, MD, George E	Berks
STROBER, JONATHAN B	Student
STROCK, MD, Bradford K	Dauphin
STROCKBINE, MD, Melvin F	York
STRODE, MD, Marshall D	Chester
STROHLEIN, MD, Stephen S	Monroe
STRONG, MD, George H	Philadelphia
STRONG, MD, Theressa B	Allegheny
STRONG III, MD, Michael D	Philadelphia
STROTHER, MD, George W	Cambria
STROWHOUER, DO, William J	Delaware
STRUCKMEYER, MD, Lee A	Delaware
STRUNK, MD, Danny J	Clinton
STRUNK, MD, Thomas J	Cambria
STRUNK, MD, William M	Northampton
STRYKER, MD, Allan K	Lycoming
STRYKER, MD, John A	Dauphin
STRZELECKI, MD, Zigmund F	Bucks
STUART, MD, John A	Allegheny
STUART, MD, John C	Allegheny
STUART, MD, Lorna B	Chester
STUART, MD, Richard S	Allegheny
STUART, MD, Thomas J	Lancaster
STUART EXEC SEC, MD, Robert B	Erie
STUBA, MD, Stella	Montgomery
STUBBS, MD, G Winston	Philadelphia
STUCCIO, MD, Dominick A	Luzerne
STUCCIO, MD, Joseph J	Luzerne
STUDDIFORD, MD, James S	Philadelphia
STULL, MD, Mark W	Lancaster
STULL JR, MD, Walter F	Lehigh
STULLKEN JR, MD, Edward H	Allegheny
STUMPF, MD, Rebecca L	Westmoreland
STUPI, MD, Angela M	Allegheny
STUPNIKER, MD, Sonia	Philadelphia
STURGEON JR, MD, John D	Fayette
STURM, MD, Mary F	Allegheny
STURM, MD, Patrick W	Beaver
STURM JR, MD, Charles F	Allegheny
STUTMAN, MD, Fred A	Philadelphia
STUTZ, MD, Martin	Washington
STYPULA, MD, Mark O	Blair
STYPULA, MD, Richard W	Mercer
SU, MD, Lang-Pao	Lackawanna
SU, SEAN	Student
SU, MD, Shyh-Min	Allegheny
SU, SUSANA F	Student
SUAREZ, MD, Marian G	Philadelphia
SUAREZ, MD, Militza E	Luzerne
SUAREZ, MD, Ramon U	Lebanon
SUATONI JR, MD, Frank J	Allegheny
SUBBIAH, MD, Theuaraya N	Butler
SUBRAMANY, MD, Narayanaswamy	Elk/Cameron
SUCKFUELL, MD, Marion E	Mercer
SUGAR, MD, Miklos	Delaware
SUGARMAN, MD, Samuel	Philadelphia
SUGDEN, MD, William A	Bucks
SUGIURA, MD, Sumiko M	Philadelphia
SUH, DAVID B	Student
SUH, MD, Sang J	Lackawanna
SUK, MD, Jin H	Venango
SUKANICH, MD, Kriengsak	Allegheny
SUKAROCHANA, MD, Kamthorn	Allegheny
SUKERKAR, MD, Niteen N	Franklin
SULECKI, MD, Matthew G	Westmoreland
SULLIVAN, MD, Daniel R	Allegheny
SULLIVAN, MD, Edward M	Delaware
SULLIVAN, MD, Howard E	Montgomery
SULLIVAN, MD, John M	Dauphin
SULLIVAN, MD, John S	Philadelphia
SULLIVAN, MD, Lawrence X	Allegheny
SULLIVAN, MD, Michael T	Clearfield
SULLIVAN, MD, Richard A	Montgomery
SULLIVAN, MD, Robert D	Blair
SULLIVAN, MD, William A	Dauphin
SULLIVAN, MD, William H	Philadelphia
SULLIVAN JR, MD, Lawrence X	Allegheny
SULLUM, MD, Jonathan C	Lackawanna
SULTZ, DO, Marvin E	Philadelphia
SUMFEST, MD, Jill M	Erie
SUMKIN, DO, Jules H	Allegheny
SUMMERS, MD, Jane M	Philadelphia
SUMMERS, MD, Kermit L	Lancaster
SUMMONS, MD, Howard J	Berks
SUMNER, MD, Anne E	Philadelphia
SUN, MD, Elizabeth A	Montgomery
SUN, MD, Evelyn L	Philadelphia
SUN, MD, William Z	Philadelphia
SUNDAY, MD, Bonnie	Erie
SUNDERLIN JR, MD, Frederick S	Montour
SUNDERMAN, MD, F William	Philadelphia
SUNDHEIM, MD, James L	Lackawanna
SUNDY, JOHN S	Student
SUNG, MD, Duk I	Allegheny
SUNG, MD, Lee H	Westmoreland
SUNG, MD, Paul P	Lawrence
SUNG-LU, MD, Ta	Bradford
SUPER, MD, Leonid E	Philadelphia
SUPERDOCK, DAVID T	Student
SUPINSKI, EDWARD M	Student
SUPINSKI, MD, Robert S	Potter

SUPNICK, AMY B Student
SUPPA, MD, Osvaldo S Erie
SUPPLE, MD, Edward W Lancaster
SURKIN, MD, Marc I Delaware
SURRY, MD, John H Dauphin
SURY, MD, Robert W Philadelphia
SUSANN, MD, Philip W Erie
SUSEN, MD, Anthony F Allegheny
SUSI, MD, Jesse G Erie
SUSI, MD, Joseph A Erie
SUSSMAN, MD, David Lehigh
SUSSMAN, DO, James H Montgomery
SUSSMAN, MD, Marcel S Philadelphia
SUSSMAN, DO, Mark P Montgomery
SUSSMAN, MD, Nathan Dauphin
SUSSMAN, MD, Sylvia Lehigh
SUTER, MD, Harry J Lycoming
SUTER, MD, Lloyd E Lancaster
SUTER, MD, Stanley C Lebanon
SUTHAR, MD, Arvind L Mifflin/Juni
SUTHERLAND, MD, Robert D Berks
SUTHERLAND, MD, Robert M Allegheny
SUTLIFF, MD, Carlene S Dauphin
SUTLIFF, MD, Frederick P Montgomery
SUTNICK, MD, Alton I Philadelphia
SUTTER, DO, Francis P Philadelphia
SUTTON, MD, A Keith Huntingdon
SUTTON, MD, Charles A Blair
SUTTON, MD, Paul L Montour
SUTTON, MD, Richard E Philadelphia
SUTTON, MD, Robert L Allegheny
SUTTON JR, MD, Edward L Butler
SUTTON JR, MD, John C Beaver
SUVARNAKAR, MD, Jawahar N Jefferson
SUWAN, MD, Nipapan Armstrong
SUWAN, MD, Sakdidej Armstrong
SVETEC, DAVID A Student
SVIGALS, MD, Paul J Philadelphia
SWAGLER, DO, Curtis P Tioga
SWAIN, MD, Asha L Blair
SWAIN, MD, Pradip K Blair
SWAIN, MD, Stephen S Schuylkill
SWALLOW, DO, William B Union
SWAMI, MD, Kumar Philadelphia
SWAMI, MD, S Chandra Blair
SWAMIDOSS, MD, Stephenson S Dauphin
SWAMY, MD, Mallikarjuna S Allegheny
SWAN, MD, Barbara E Allegheny
SWAN, MD, David M Allegheny
SWANK, MD, Mark D Northampton
SWANSIGER, MD, Robert J Cambria
SWANSON, MD, Lee A Erie
SWANTEK, DO, Leo J Erie
SWARTZ, MD, Edward F Franklin
SWARTZ, MD, Joel D Philadelphia
SWARTZ, MD, Mark A Franklin
SWARTZ, MD, Stan H Lycoming
SWEENEY, CHRISTINE Student
SWEENEY, DO, Donald J Tioga
SWEENEY, DO, Edward W Allegheny
SWEENEY, DO, Thomas F York
SWEENEY JR, MD, Francis J Philadelphia
SWEET, MD, William A Berks
SWEGAL, MD, Otto F Allegheny
SWEIGARD, MD, Keith W Montgomery
SWEIGART, MD, Gene M Bradford
SWENSEN, MD, Harold E Allegheny
SWENSEN, MD, Nancy M Allegheny
SWENSON, MD, David L Butler
SWETERLITSCH, MD, Louis H Allegheny
SWETERLITSCH, MD, Louis H Northampton
SWETERLITSCH, MD, Paul R Bradford
SWETTER, SUSAN M Student
SWICK II, MD, J Howard Beaver
SWIDWA, MD, Denise M Allegheny
SWIERCZEWSKI, MD, Edward V Westmoreland
SWIFT, MD, Frank L Lackawanna
SWIFT, SARAH E Student
SWINTON, MD, Timothy W Lancaster
SWISHER II, MD, Charles L Lackawanna
SWITZER, MD, Gary L Venango
SYBING, MD, Eugenio A Mercer
SYBING, MD, Melita M Mercer
SYED, MD, Tasneem A Z Washington
SYKES, DO, Leroy I Dauphin
SYKES JR, NORMAN L Student
SYLVESTER, MD, Hans M Philadelphia
SYLVESTER, MD, Linda S Philadelphia
SYMES, MD, Dilwyn E Lackawanna
SYMS, MD, Charles A Philadelphia
SYMS, MARK J Student
SYNA, MD, Deborah R Philadelphia
SYROPOULOS, MD, Heidi J Centre
SZABO, MD, Emil R Huntingdon
SZABO, MD, Patricia E Delaware
SZABO, MD, Rudolph G Columbia
SZAFRANSKI, JOHN A Student
SZAL, MD, Joseph J Philadelphia
SZALADOS, MD, James E Philadelphia
SZARKO, MD, Carol J Berks
SZARKO, MD, Frank J Berks
SZAYNA, MD, Stanley Philadelphia
SZOKE, MD, Edward E Adams
SZUSTAK, DO, Joseph J Luzerne
SZUTOWICZ, DO, Michael P Lancaster
SZYDLOWSKI, MD, Thaddeus R Lebanon

T

TABACHNICK, MD, Theodore M Allegheny
TABAS, MD, Gary Allegheny
TABB, MD, David R York
TABOR, MD, Ellen K Allegheny
TABUENA, MD, Amelia L Montgomery
TACHDJIAN, MD, Vahaken Philadelphia
TACHOVSKY, MD, Thomas J Northampton
TACOUKJOU, MD, Shahin Philadelphia
TADDONIO, MD, Richard B Bucks
TADDONIO, MD, William S Chester
TADJALLI, MD, Helen E York
TADLEY, DO, Gerald Philadelphia
TAFFLIN, DO, Dennis H Bucks
TAFTAF, MD, Mohammad O Lawrence
TAGALA, MD, Praxidio H Clearfield
TAGGART, MD, George W Luzerne
TAGGART, MD, Tina S York
TAGHIZADEH, MD, Firooz Fayette
TAHIR, MD, Mahmod A Lehigh
TAIT, MD, Edwin C Montgomery
TAITELBAUM, MD, Ben Allegheny
TAKACH, MD, Stephen J Indiana
TAKEDA, MD, Misao Philadelphia
TAKESHITA, MD, Junji Northampton
TALAGA, MD, Ronald N Wayne/Pike
TALAMO, MD, Robert J Montgomery
TALANGBAYAN, MD, Francis V Philadelphia
TALATI, MD, Dineshkumar C Luzerne
TALBERT, MD, Madonna L Lancaster
TALBOTT, MD, John B Allegheny
TALLERICO, MD, Samuel J Allegheny
TALLMAN, MD, Edwin H Berks
TALLUTO, DONNA M Student
TAMA, MD, Lawrence Bradford
TAMA, MD, Lawrence E Tioga
TAMAKI, MD, H Tom Montgomery
TAMBURRO, DO, Valerie L Delaware
TAN, MD, Anthony H Allegheny
TAN, MD, Antonius H Lehigh
TAN, MD, Domingo C Clearfield
TAN, MD, Edwin L Lackawanna
TAN, MD, Isabel G Mercer
TAN, MD, Lian K Carbon
TAN, MD, Marie K Westmoreland
TAN, MD, Myrna M Philadelphia
TAN, MD, Wilfredo S Erie
TAN, MD, Yoke Y Dauphin
TAN JR, MD, Ramon N Cambria
TANANIS, MD, Leonard J Schuylkill
TANANIS JR, MD, Leonard J Delaware
TANIO, MD, Craig P Philadelphia
TANNEHILL, MD, Norman B Allegheny
TANNENBAUM, DAVID S Student
TANNER, MD, Leonard M Lebanon
TANNING, MD, Howard M Allegheny
TANRIBILIR, MD, Abdul K Columbia
TANTISIRA, MD, Boonrak Allegheny
TANTISIRA, MD, Somphong Westmoreland
TANTUM, MD, Kermit R Dauphin
TANZER, MD, Peter P Allegheny
TAPYRIK, MD, Nicholas Beaver
TARABISHI, MD, Farida Nasr Allegheny
TARAS, MD, John S Philadelphia
TARASKA, MD, Gregory J Philadelphia
TARASZEWSKI, MD, Robert Montour
TARGUM, MD, Steven D Delaware
TARKA, ELIZABETH A Student
TAROLI, MD, Andrea C Luzerne
TART JR, MD, Braston I York
TARWATER, MD, Doyle L Washington
TASE, MD, Douglas S Berks
TASMAN, MD, William S Philadelphia
TATARKO, MD, Michael Cambria
TATE, MD, Frederick J Lehigh
TATE, MD, J Harrison Erie
TATEM III, MD, Henry R Bucks
TATTERSALL, MD, Harold A Monroe
TATU, MD, William F Monroe
TATUM, MD, James K Beaver
TATUM IV, DO, William O Philadelphia
TAUBER, MD, Joseph B Allegheny
TAUBERG, MD, Herbert R Allegheny
TAUS, DO, John K Lehigh
TAUSCH, MD, Gilbert S Montgomery
TAVANA, MD, Manoucher Erie
TAVARES, MD, Joao O Erie
TAVARES, MD, Joseph F Northmbrland
TAVARIA, MD, Soli Schuylkill
TAX, MD, Richard L Bucks
TAYLOR, MD, Arthur R Lycoming
TAYLOR, MD, Brian T Fayette
TAYLOR, MD, Carolyn L Bucks
TAYLOR, MD, Debra D Cumberland
TAYLOR, MD, James A Monroe
TAYLOR, MD, James E Philadelphia
TAYLOR, MD, Jerry L Clearfield
TAYLOR, MD, Judith E Fayette
TAYLOR, MD, Marcia R Philadelphia
TAYLOR, MD, Mariellen Allegheny
TAYLOR, MD, Megan B Montgomery
TAYLOR, MD, Morgan F Beaver
TAYLOR, PAULA R Student
TAYLOR, MD, Philip C Philadelphia
TAYLOR, MD, Sharon L Allegheny
TAYLOR, MD, Susan C Philadelphia
TAYLOR, MD, Susan D Philadelphia
TAYLOR III, MD, James S Dauphin
TAYLOR-TYREE, MD, Gill M Adams
TCHONG, MD, Kuo-Liang Delaware
TE, MD, Tomas T Bucks
TEANO, MD, Dan A Delaware
TEDESCHI, JOHN B Student
TEDESCO, DO, J Michael Luzerne
TEEHAN, MD, Brendan P Montgomery
TEEPLE JR, MD, Edward Allegheny
TEET, MD, Daniel A Westmoreland
TEETER, MD, James H Franklin
TEGELER, MD, James A York
TEGZES JR, MD, George Allegheny
TEH, MD, Pek C Lawrence
TEICH, MD, Stephen M Montgomery
TEICHMAN, MD, Fred Union
TEITELBAUM, MD, Carl Luzerne
TEJPAR, MD, Mohamed K Lawrence
TELEGADIS, MD, John Philadelphia
TELL, DO, Daniel T Cumberland
TEMELES, MD, Lawrence Philadelphia
TEMELES, MD, Roy S Allegheny
TEMPLE, MD, Anthony R Chester
TEMPLETON, MD, Josephine J Philadelphia
TEMPLETON III, MD, John Y Philadelphia
TEMPLETON JR, MD, John M Philadelphia
TENDLER, MD, Steven W Montgomery
TENEDIOS, MD, George Montour
TENENOUSER, MD, Barry Allegheny
TENICELA, MD, Ruben Allegheny
TENSUAN JR, MD, Leonardo S Somerset
TEPLICK, MD, J George Philadelphia
TEPLIS, MD, Alan C Dauphin
TEPPER, MD, Maurice C Philadelphia
TEPPER, MD, Richard L Philadelphia
TEREDESAI, MD, Pradip R Allegheny
TERHAAR, DO, Peter J Columbia
TERMINI, MD, Joseph T Lehigh
TERNER, MD, Irwin S Allegheny
TERNES, MD, Robert J Franklin
TERRELL, JOHN A Student
TERSAK, JEAN M Student
TERWILLIGER, MD, Jerry W Bradford
TERZIAN, MD, Allen E Delaware
TERZIAN, MD, Edward F L Delaware
TESSARO, MD, Anne N Allegheny
TESSLER, MD, A Robert Philadelphia
TESTA, MD, Joseph A Westmoreland
TESTER, MD, William J Philadelphia
TETALMAN, MD, Bruce I Allegheny
TETRICK, MD, Elbert L Allegheny
TEUFEL, MD, Severin Montgomery
TEY, MD, Peter H Carbon
THAETE, MD, F Leland Allegheny
THAI, MD, Kiet Vi Philadelphia
THAKARAR, MD, Pushpa Chester
THAMES, DO, Richard Jefferson
THANE, MD, Thane T Franklin
THANKI, MD, Ashokkumar S Bucks
THATCHER, MD, Jeffrey D Bucks
THEERAKULSTIT, MD, Virachai Allegheny
THEIS, MD, Steven W Allegheny
THEL JR, MD, Henry C Beaver
THEM, MD, Theodore F Bradford
THEMAN, MD, Terrill E Northampton
THETGYI, MD, Katherine Philadelphia
THEUERKAUF JR, MD, Frank J Erie
THEURKAUF JR, MD, Edward A Chester
THIBOUTOT, MD, Diane M Dauphin
THIELE, MD, Brian L Dauphin
THIMONS, JOSEPH A Student
THOFT, MD, Richard A Allegheny
THOMAS, MD, Alex T Lehigh
THOMAS, MD, Bruce L Huntingdon
THOMAS, MD, Carmen C Philadelphia
THOMAS, DO, Charles E York
THOMAS, MD, Chester G Dauphin
THOMAS, MD, Christopher W Crawford
THOMAS, DO, Clare A Montgomery
THOMAS, MD, David E Allegheny
THOMAS, MD, F Ardell Tioga
THOMAS, MD, Garry J Fayette
THOMAS, MD, George P Carbon
THOMAS, MD, Harold D Washington
THOMAS, MD, Harry L Philadelphia
THOMAS, MD, Henry W Allegheny
THOMAS, HOLLY J Student
THOMAS, MD, James H Westmoreland
THOMAS, MD, John M Bradford
THOMAS, MD, John W Allegheny
THOMAS, MD, L Martha Ann York
THOMAS, LISA C Student
THOMAS, MD, Lynda T Philadelphia
THOMAS, MD, Nathan O Somerset
THOMAS, MD, Robert D Allegheny
THOMAS, TERESA A Student
THOMAS, MD, Thomas K Jefferson
THOMAS, MD, Victor J Allegheny
THOMAS JR, MD, David W Clinton
THOMAS JR, MD, Harold D Beaver
THOMAS JR, MD, Howard P Bucks
THOMAS JR, MD, James A Delaware
THOMAS JR, MD, James J Erie
THOMAS JR, MD, John W Philadelphia
THOMAS JR, MD, Robert F Berks
THOMPSON, ANN-MARIE S Student
THOMPSON, MD, Bradford R Beaver
THOMPSON, MD, C Fred Northampton
THOMPSON, MD, Carson J Lackawanna
THOMPSON, MD, Dan R Allegheny
THOMPSON, MD, David I Cumberland
THOMPSON, MD, Frank V Northampton
THOMPSON, MD, Gregory M Chester
THOMPSON, MD, Herbert Allegheny
THOMPSON, MD, James S Allegheny
THOMPSON, MD, James W Montgomery
THOMPSON, DO, Jeffrey N Allegheny
THOMPSON, MD, Linda L Beaver
THOMPSON, MD, Mark E Allegheny
THOMPSON, MD, Michael R Berks
THOMPSON, MD, Patreece M Philadelphia
THOMPSON, MD, Peter J Venango
THOMPSON, MD, Robert J Lehigh
THOMPSON, MD, Robert L Allegheny
THOMPSON, MD, Robert L Cumberland
THOMPSON, SCOTT W Student
THOMPSON, THOMAS R Student
THOMPSON, MD, William G Allegheny
THOMPSON, MD, William W Elk/Cameron
THOMPSON II, MD, Troy L Philadelphia
THOMPSON JR, ERIC D Student
THOMSON, MD, David P Allegheny
THONET, MD, Marcel A Philadelphia
THORNSLEY, MD, Susan L Dauphin
THORNTON, MD, Joseph K Franklin
THORNTON III, MD, James J Delaware
THORP, MD, T Ramsey Philadelphia
THORSEN JR, MD, William B York
THRUSH, MD, W Parke Allegheny
THURMAN, MD, John N Delaware
THURSTON, MD, Stephen E Montour
TIBBENS, MD, George F Washington
TIBBITTS, MD, James A Lebanon
TIBERIO, MD, Richard A Fayette
TIBURCIO JR, MD, Albino F Butler
TICK, MD, Robert C Fayette
TICZON, MD, Andres R Allegheny
TIECHE, MD, Steven C Mckean
TIEFF, DO, Michael W Monroe
TIETBOHL, MD, Ralph H Berks
TIETJEN, MD, George W Wayne/Pike
TIFFANY, MD, John R Northampton
TIGER, MD, Melvyn E Philadelphia
TIGNOR, MD, Richard F Lycoming
TILDON BURTON, MD, Janice E Philadelphia
TILLGER, MD, John J Philadelphia
TILTON, DO, Bruce R Chester
TILVA, MD, Praful K Northmbrland
TIMEK, MD, Patricia A Cambria
TIMENS, MD, Lawrence J Cambria
TIMMAPURI, MD, Ajaz J Bucks
TIMNEY, MD, Thomas E Venango
TINDALL, MD, Dorothy D Montgomery
TINDALL, MD, Herbert L Lancaster
TINDALL, MD, Janice C Lancaster
TING, MD, George H Bucks
TINIANOW, MD, Lloyd N Lehigh
TINKELMAN, BRAD J Student
TINNEY JR, MD, William S Lancaster
TIONGSON, MD, Eleanor S Delaware
TIONGSON JR, MD, Jose G Delaware
TIPPING, MD, James S Allegheny
TIPTON, MD, Raymond L Venango
TIRACCHIA, MD, Joseph Philadelphia
TIRNEY, SEAN P Student
TIRO, MD, Salud U Delaware
TIRUCHELVAM, MD, Vasudevan York
TISHERMAN, MD, Samuel A Allegheny
TISHERMAN, MD, Samuel E Allegheny
TITCHWORTH, MD, Roy L Allegheny
TITUS, MD, Laborde Philadelphia
TIWARI, MD, Ramrakshah Philadelphia
TKATCH, MD, Lisa S Dauphin
TOBIA, MD, Enio W Delaware
TOBIAS, MD, Richard B Lycoming
TOBIASZ, MD, Christopher Lycoming
TOBIN, MD, Robert L Philadelphia
TODARO, MD, Raphaele A Philadelphia
TODARO, MD, Samuel R Lackawanna
TODD, MD, Julie Anne Philadelphia
TODHUNTER, MD, William D Lycoming
TODHUNTER, MD, William J Lycoming
TODOROVSKA, MD, Zagorka Philadelphia
TOFF, DO, Kenneth J Lehigh
TOKAREK, ROBERT M Student
TOLAN, MD, Jeffrey R Dauphin
TOLAND, MD, Joseph C Philadelphia
TOLAND, MD, Joseph J Philadelphia
TOLAT, MD, Pratima R Philadelphia
TOLEDO, MD, Francisco L Philadelphia
TOLENTINO, MD, Julian C Butler
TOLENTINO, MD, Pablito L Bucks
TOLERICO, PAUL H Student
TOLHURST, MD, Kirk D Bradford
TOLIS, MD, Basile D Blair
TOLLETT, MD, Charles A Philadelphia
TOLMAN, MD, Leon M Armstrong
TOM, MD, Carol M Montgomery
TOM, MD, Lawrence Wc Philadelphia
TOMACK, MD, Lawrence S Lycoming
TOMANY, KEVIN S Student
TOMARELLI, MD, Raymond C Allegheny
TOMASELLO, MD, Donald N Philadelphia
TOMASI, MD, Samuel J Beaver
TOMASSETTI, MD, Bernard A Philadelphia
TOMASSO, STEPHANIE J Student
TOMASSONI, GERY F Student
TOMAYKO JR, MD, John F Allegheny
TOMAZIC, DO, David R Lackawanna

TOMCI, MD, George E	Westmoreland
TOME, MD, Julia A	Allegheny
TOME, MD, Robert E	Berks
TOMEDI, MD, John R	Luzerne
TOMEO, MD, Michael	Montgomery
TOMEZSKO, JANET E	Student
TOMHAVE, MD, Robert H	Cambria
TOMLEY, MD, John E	Allegheny
TOMLIN, MD, Joseph G	Schuylkill
TOMLINSON, MD, John W	Bucks
TOMLINSON, MD, John W	Delaware
TOMPKINS, MD, H Ernest	Montgomery
TONDREAU, MD, Roderick L	Philadelphia
TONEY, MD, David M	Westmoreland
TONG, MD, Der-Long	Allegheny
TONKONOW, MD, William	Philadelphia
TONREY, MD, Francis G	Luzerne
TONSEY, MD, Habib	Philadelphia
TOPCHIK, MD, Shlomo	Allegheny
TOPERZER, MD, Betty C	Erie
TOPOLSKY, MD, David Lane	Philadelphia
TORBAN, MD, Clara B	Philadelphia
TORCHIA, MD, Mary J	Allegheny
TOREKI, MD, William	Bucks
TOREN, MD, Peter C	Montgomery
TORET, MD, Michel P	Westmoreland
TORI, MD, Joseph N	Chester
TORIO, MD, Reynaldo M	Westmoreland
TORNETTA, MD, Frank J	Montgomery
TOROK, MD, Frank S	Washington
TORPEY JR, MD, David J	Allegheny
TORRENCE, MD, Michael B	Delaware
TORRES, MD, Carlos P	Allegheny
TORRES, MD, Flora M	Bedford
TORRES, MD, Julio E	Northampton
TORRES, MD, Margarita	Philadelphia
TORRES, MD, Robin G	Bedford
TORRES, MD, S Susan	Montgomery
TORRES, MD, Victor L	Philadelphia
TORRETTI, MD, Dennis	Montour
TORREY, MD, Edwin H	York
TOSHNIWAL, MD, Pradip K	Northampton
TOSHNIWAL, MD, Renu	Northampton
TOSO, MD, Gianfranco F	Berks
TOTINO, MD, Joseph A	Delaware
TOTTA, MD, Michael J	Philadelphia
TOUCH, SUZANNE M	Student
TOURTELLOTTE, MD, Charles D	Philadelphia
TOUSI, MD, Abbas H	Bedford
TOWERS, MD, Adele L	Allegheny
TOWERS, MD, Jeffrey D	Allegheny
TOWNEND, MD, Stephen C	Chester
TOWNSEND, MD, Jay A	Cumberland
TOWNSEND, MD, Mark E	Erie
TRACHTENBERG, MD, Lee A	Allegheny
TRACHTENBERG, MD, William M	Lehigh
TRACHTMAN, MD, William M	Philadelphia
TRACY, MD, Gerald P	Lackawanna
TRAGESER, MD, Timothy C	Allegheny
TRAIMAN, MD, Richard G	Chester
TRAIN, MD, Henry D	Dauphin
TRAINER, MD, Paul J	Allegheny
TRANCHITELLA, MD, Vincent J	Lehigh
TRANOVICH, MD, Mark	Fayette
TRANOVICH, MD, Michael A	Allegheny
TRANSUE, MD, Seward M	Crawford
TRAUM, MD, Ronald E	Philadelphia
TRAUPMAN, MD, Arnold F	Northampton
TRAUTLEIN, MD, Joseph J	Dauphin
TRAVERS, MD, Daniel J	Westmoreland
TRAVISANO, MD, Frank J	Dauphin
TRECHA, MD, Gregory T	Allegheny
TREDENNICK, MD, Charles N	Butler
TREGER, MD, Albert	Allegheny
TREIMAN, ARTHUR M	Student
TRELLA, JENNIFER M	Student
TRELLIS, MD, Emil S	Allegheny
TREMBLAY, MD, Ernest A	Delaware
TREMBLAY, MD, Geoffrey P	Northampton
TRENT, MD, Douglas E	Clearfield
TRENTON, DO, Walter D	Somerset
TRESCOT, MD, Ronald E	York
TREVASKIS, MD, Allan E	Lehigh
TREVI -, EXEC DIR, John	Philadelphia
TREVINO, DAVID A	Student
TREXLER, MD, Ethan L	Berks
TRIANA COOPER, MD, Lisette	Philadelphia
TRIANO, MD, Gene J	Dauphin
TRIANO-RODGERS, MD, Marla	Philadelphia
TRIBBLE, MD, Jana K	Northampton
TRIBIT JR, MD, Charles B	Philadelphia
TRICHTINGER, MD, Martin D	Montgomery
TRIESTER, MD, Arthur N	Philadelphia
TRIMMER JR, MD, John H	York
TRIMPI, MD, Howard D	Lehigh
TRINH, MD, Phuong N	Philadelphia
TRINIDAD, MD, Tito B	Clearfield
TRINKLE, MD, Wilmer S	Northampton
TRINKLEY, DAVID R	Student
TRIPI, MD, Joseph E	Adams
TRIPOLI, MD, Charles J	Washington
TRIPOLI, MD, Louis C	Washington
TRIPP, MD, Mark D	York
TRITSCHLER, MD, Joseph P	Beaver
TRIVEDI, MD, Gopalkrishna M	Mifflin/Juni
TROEN, MD, Philip	Allegheny
TROIANI, MD, John S	Delaware
TROIANOS, MD, Christopher A	Allegheny
TROILO, MD, Camillo T	Fayette
TROISE JR, JOSEPH L	Student
TROLLINGER, MD, Robert J	Philadelphia
TROMBETTA, MD, Mark G	Allegheny
TROMPETER, MD, Joseph I	Allegheny
TRONCELLITI, MD, A Wayne	Montgomery
TRONCELLITI, MD, Alfred E	Montgomery
TRONCELLITI, MD, Edward A	Montgomery
TRONCELLITI, MD, Manrico A	Montgomery
TRONCELLITI, MD, Mario V	Philadelphia
TRONETTI, DO, Pamela S	Erie
TRONZO, MD, Robert D	Allegheny
TROSTLE, MD, David C	Lebanon
TROSTLE, MD, Douglas R	Lehigh
TROSTLE, LORI C	Student
TROTT, EDWARD A	Student
TROTZKY, MD, Margret S	Delaware
TROUT, MD, Douglas B	Philadelphia
TROUT, MD, John A	Westmoreland
TROUT, MD, Robert G	Philadelphia
TROXEL, MD, Richard S	Lehigh
TROYAN, MD, Barry E	Indiana
TROYER, MD, Devin J	Allegheny
TRUITT, MD, George W	Chester
TRUITT JR, MD, R Marshall	Philadelphia
TRUMBORE, MD, David J	Allegheny
TRUONG, MD, Nicholas H	Philadelphia
TRUSKY, MD, Jeanette I	Centre
TRUSNOVIC, MD, William D	Washington
TRUSSELL, J C	Student
TSAI, MD, Edward M	Indiana
TSAI, MD, Jer-Yuan	Greene
TSAI, MD, Ming C	Erie
TSAI, MD, Ming C	Blair
TSAI, PAULUS D	Student
TSAI, MD, Yu J	Montgomery
TSAO-WU, GEORGE S	Student
TSE, MD, Rose L	Philadelphia
TSENG, MD, Francis H	Erie
TSOUTSOPLIDES, MD, George C	Luzerne
TSUNG, MD, Wen-Han	Beaver
TUAN, MD, Bao-Kuen	Philadelphia
TUCHINDA, MD, Jalit	Allegheny
TUCKER, MD, James N	Allegheny
TUCKER, PETER J	Student
TUCKER, MD, Thomas W	Chester
TUCKMAN, MD, Glenn A	Berks
TUFFAHA, MD, Hani J	Lycoming
TUFFIASH, MD, William A	Lehigh
TUKANOWICZ, MD, Stanislaw A	Cambria
TUKE, MD, Gregory C	Berks
TULISZEWSKI, MD, Robert M	Adams
TULL, MD, John W	York
TULLAI, MD, John	Delaware
TULLIUS, MD, Charles D	Philadelphia
TULLIUS, CHRISTINE R	Student
TULLY, MD, Vincent J	Wayne/Pike
TULSKY, MD, Emanuel G	Philadelphia
TUMAIAN, MD, Aram	Delaware
TUMEN, MD, Henry J	Philadelphia
TUNICK, MD, Stephen E	Beaver
TUPCHONG, MD, Leslie	Philadelphia
TURAKHIA, MD, Bharati V	Philadelphia
TURBESSI, MD, Albert J	Warren
TURCAN, DO, Elaine C	Luzerne
TURCHETTI, MD, Eugene A	Lackawanna
TURCO, MD, Phillip J	Cambria
TUREL JR, MD, Anthony P	Montour
TURKEWITZ, MD, David	Montour
TURNAMIAN, MD, Richard J	Union
TURNBLACER, MD, Charles B	Butler
TURNER, MD, David E	Philadelphia
TURNER, MD, Joseph	Allegheny
TURNER, MD, Morris E	Allegheny
TURNER, MD, Oliver E	Allegheny
TURNER JR, MD, J Ellis	Delaware
TUROCK, MD, Michael J	Lackawanna
TURSKY, MD, Rosemarie J	Dauphin
TURTZO, MD, Douglas F	Northampton
TURULA, MD, Jon B	Lancaster
TUSHIM, MD, Joseph N	Blair
TUTTLE, MD, Alfred	Allegheny
TUTTLE, MD, William B	Allegheny
TWAL, MD, Shafic Y	Indiana
TWARDY, MD, Bernadette E	Philadelphia
TWER, MD, Alan J	Montgomery
TWERSKI, MD, Abraham J	Allegheny
TWIGGAR II, MD, Edward V	Northmbrland
TYAN, MD, Laurie	Philadelphia
TYLER-HILL, MD, Yasmin C	Delaware
TYMOCZKO, MD, Robert G	Westmoreland
TYMON, MD, Timothy P	Lancaster
TYNDALL, MD, Christine S	Allegheny
TYNDALL, MD, James A	Dauphin
TYSON, MD, R Robert	Philadelphia
TZANIS, MD, Loucas C	Dauphin
TZARNAS, MD, Chris D	Philadelphia

U

UBER, MD, Thomas R	Lawrence
UBERTI, ANTHONY F	Student
UBERTI, DO, Frederick G	Mercer
UBERTI-BENZ, MD, Marie O	Montgomery
UBINGER, MD, Jeffrey P	Allegheny
UDARBE, MD, Guillermo G	Elk/Cameron
UDEKWU, MD, Betty O	Allegheny
UDELL, MD, Louis	Philadelphia
UDIS, MD, David S	Philadelphia
UDOMSAK, MD, Paramin	Lackawanna
UDOSHI, MD, Mallapa B	Luzerne
UFBERG, MD, Michael H	Lehigh
UHLAND, MD, Hugo	Allegheny
UHLMAN, MD, Eric J	Chester
UHLMAN, MD, Richard C	Chester
UHRICH, MD, Kathryn H	Lebanon
ULASEWICZ, MD, Catherine C	Bucks
ULASEWICZ, MD, Joseph T	Montgomery
ULBRECHT, MD, Jan S	Centre
ULICNY, MD, Thomas L	Allegheny
ULIZIO, MD, Anthony R	Allegheny
ULRICH, MD, Jack M	Allegheny
ULRICH, MD, Samuel D	Dauphin
ULUS, MD, Ahmet	Philadelphia
UMALI, MD, Idona C	Luzerne
UMALI JR, MD, Melecio J	Bucks
UMAR, MD, Kenan	Montgomery
UMLAUF, MD, Charles W	Lehigh
UN, MD, Hyong	Montgomery
UNAL, MD, Abdurrahman	Dauphin
UNDERHILL, MD, William L	Erie
UNG, MD, Dunganh L	Erie
UNGAR-SARGON, MD, Julian Y	Delaware
UNGER, MD, Andrew	Northampton
UNGER, MD, Michael	Montgomery
UNWIN, MD, William M	York
UPDEGRAFF, MD, William C	Allegheny
UPDEGROVE, MD, Robert A	Lycoming
UPDIKE JR, MD, Furman T	York
UPPAL, MD, Alok	Indiana
URAM, MD, Herbert	Allegheny
URBACH, MD, Frederick	Montgomery
URBACH, MD, John R	Philadelphia
URBAN, MD, Clifford H	Chester
URBAN, MD, Donald G	Cumberland
URBAN, MD, Mark A	Philadelphia
URBAN, MD, Rena L	Allegheny
URBAN, MD, Richard S	Allegheny
URBAN, MD, Robert R	Westmoreland
URBANO, MD, Tomas H	Allegheny
URBANSKI, DO, Leonard F	Blair
URBANSKI, LINDA M	Student
URBANSKI, MD, Timothy E	Montgomery
URIBE, MD, Alexander	Delaware
URICCHIO, MD, Francis J	Philadelphia
URICCHIO, MD, Joseph F	Philadelphia
UROSKIE, MD, Theodore W	Lackawanna
URQUHART, MD, Marion Lena	Philadelphia
URREA, MD, Oscar	Washington
USHINSKI, MD, Stanley C	Luzerne
UTBERG, MD, John R	Allegheny
UTSINGER, MD, Peter D	Montgomery
UTZ, JEFFREY P	Student
UY, MD, Henry T	Washington
UY, JONATHAN J	Student
UY, MD, Nonita T	Allegheny
UZYCH, MD, Walter	Delaware

V

VACCARO, MD, V Michael	Philadelphia
VACHARAT, MD, Nibondh	Philadelphia
VACHRANUKUNKIET, MD, Theerasakid	Philadelphia
VADAPALLI, SATISH R	Student
VAGLEY, MD, Richard T	Allegheny
VAHEDI, MD, Houshang M	Montgomery
VAIDYA, MD, Shailendra	Philadelphia
VAISMAN, MD, Sergio R	Chester
VAKIL, MD, Hassan C	Delaware
VALCARCEL, MD, Sofronio J	Allegheny
VALDES, MD, Conrado A	Mckean
VALDIVIA, MD, Duilio E	Mifflin/Juni
VALENA, MD, Elena V	Mercer
VALENCIA, MD, Celedonio C	Berks
VALENTA, MD, George F	Luzerne
VALENTEEN, MD, J Walter	Delaware
VALENTINE, MD, Gail H	Bucks
VALENTINE, MD, Jerome D	Philadelphia
VALENZA, MD, Thomas C	Allegheny
VALERIANO, MD, James P	Allegheny
VALIGORSKY, MD, Paul J	Elk/Cameron
VALKO, MD, Annemarie S	Allegheny
VALKO, MD, George P	Philadelphia
VALLABH, MD, Sagar V	Mercer
VALLAT, MD, Val Pierre	Philadelphia
VALLE, MD, Edgar O	Delaware
VALLEJO, MD, Manuel C	Washington
VALLESTEROS, MD, Federico P	Mercer
VALLIAPPAN, MD, Swaminathan	Allegheny
VALLOW, MD, Morton J	Philadelphia
VALVERDE, MD, Mario F	Lackawanna
VAN ARSDALE, CINDY M	Student
VAN DE BEEK, MD, M Louis	Philadelphia
VAN DECKER, MD, William A	Philadelphia
VAN DEVANDER, MD, Patricia L	Philadelphia
VAN STAVERN, GREGORY P	Student
VANANTWERP, MD, Kenneth J	Somerset
VANBUSKIRK, MD, Charles	York
VANDAMIA, MD, Donald N	Erie
VANDEN BOSCH, MD, Mark P	Bucks
VANDENBELT, ANNE K	Student
VANDENBOSCH, MD, John T	Berks
VANDENHOVEN, MD, Raymond P	Berks
VANDER, MD, James F	Philadelphia
VANDERBEEK, MD, Richard R	Bucks
VANDERHOFF, BRUCE T	Student
VANDERLIN, MD, Robert L	Lycoming
VANDERPOOL, MD, Ramon A	Bucks
VANDERVEER, MD, Joseph B	Montgomery
VANDERVEER, MD, Lindsley D	Northampton
VANDUUREN, MD, Anton	Franklin
VANDYK, MD, Klaas	Westmoreland
VANDYKE, DO, Mark W	Erie
VANETT, MD, Bruce B	Delaware
VANGAALEN, MD, Adriaan J	Northampton
VANGIESEN, MD, Peter J	York
VANGORE, MD, Surya K	Philadelphia
VANGUNDY, MD, Gregory A	Delaware
VANHOUTEN, MD, Robert J	Adams
VANKIRK JR, MD, John S	Allegheny
VANNATTA, MD, Fred C	Wayne/Pike
VANNORT, JOSEPH J	Student
VANSANT, MD, Alan E	York
VANSCOTT, MD, Eugene J	Montgomery
VANSTRIEN, MD, Adrian R	Washington
VANVORIS, MD, Lee P	Erie
VANWYK, MD, Rita E	York
VARACALLO, MD, Albert L	Jefferson
VARADA, MD, Annapoorna	Philadelphia
VARADA, MD, K P Babu	Montgomery
VARANO, MD, Lottie A	Lancaster
VARANO, MD, Vincent J	Montour
VARDARO, MD, Lina G	Philadelphia
VARE JR, MD, Victor B	Montgomery
VARGA, MD, Jeffrey M	Allegheny
VARGAS, MD, Herschel D	Lehigh
VARGAS, HUGO E	Student
VARINDANI, MD, Mahesh	Allegheny
VARKER, MD, Carolyn B	Philadelphia
VARKER, MD, Mary D	Philadelphia
VARLEY, MD, William J	Allegheny
VARLOTTO JR, MD, John M	Philadelphia
VARMA, MD, Neena	Dauphin
VARMA, MD, Rajiv R	Allegheny
VARON, MD, Stuart R	Allegheny
VASILY, MD, David B	Northampton
VASQUEZ, MD, Javier A	Cumberland
VASSALLO, MD, Richard W	Philadelphia
VASSALLUZZO, MD, Julio E	Bucks
VASSALLUZZO, DO, Peter D	Philadelphia
VASSALOTTI, MD, Stephen B	Philadelphia
VASTA, MD, Alfred G	Bucks
VASTINE, MD, John R	Northmbrland
VASUDEVAN, MD, Gopalan	Westmoreland
VASUDEVAN, MD, Raghavan	Lycoming
VATES, MD, Charles W	Allegheny
VATS, MD, Subodh	Allegheny
VATTEROTT, MD, Mary K	Montour
VATTEROTT, MD, Pierce J	Montour
VAUGHN JR, MD, Arthur R	Philadelphia
VAZALES, MD, Brad E	Lancaster
VAZQUEZ, MD, Jorge	Washington
VAZQUEZ-ARAN, MD, Annette	Monroe
VEENIS, MD, Cornelius Y	Allegheny
VEGA, MD, Rogelio E	Armstrong
VEGARI, MD, Matt M	Monroe
VEGLIA, MD, Anthony P	Luzerne
VEGLIA, MD, Kathleen S	Luzerne
VEKARIA, MD, Kishor-Kumar S	Lackawanna
VELARDI, MD, Antonio R	Delaware
VELASCO, MD, Rey	Lehigh
VELAYO, MD, Dante P	Union
VELEZ, MD, Rafael I	Westmoreland
VEMULAPALLI, MD, Kutumbarao	Erie
VEMULAPALLI, MD, Lakshmi R	Erie
VENA, VINCENT	Student
VENABLE JR, MD, John E	Erie
VENGROVE, DO, Marc A	Northampton
VENIER, MD, Leon H	Berks
VENIT, MD, Bethany A	Luzerne
VENKATESULU, MD, Sunder	Philadelphia
VENTRE, MD, Susan	Lackawanna
VENTURA, MD, Cecilia R	Lackawanna
VENTURA, MD, Salvatore C	Lehigh
VENTURA, MD, Samuel R	Lackawanna
VENZON, MD, Norman A	Westmoreland
VERDI, MD, Carol A	Philadelphia
VERGARA, MD, J Roberto	Wayne/Pike
VERGARE, MD, Michael J	Philadelphia
VERGIS, EMANUEL N	Student
VERGNE, MD, Raymond	Allegheny
VERMA, MD, Maheshwer B	Northampton
VERMEIRE, MD, David A	Mercer
VERNICK, MD, Clifford G	Lehigh
VERNICK, MD, Jerome J	Philadelphia
VERNINO, DO, Richard James	Allegheny
VERNINO, MD, Rocco A	Allegheny
VERNOCY, MD, William C	Indiana
VERNOCY, MD, William G	Indiana
VERONESI, DO, John N	Jefferson
VERRA, MD, Mark A	Lehigh
VERSAGE, MD, Joseph L	Northampton
VERSTRAETEN, MD, Thierry C	Allegheny
VERTOSICK JR, MD, Frank T	Allegheny
VERVERELI, MD, Kathleen O	Philadelphia
VERY, MD, Ronald M	Allegheny
VERZELLA, MD, Jeffrey N	Lycoming
VESIO, MD, Kenneth D	Allegheny
VESOULIS, MD, Zissis	Bradford
VEY, MD, Edwin K	Allegheny
VICKERS, MD, Curtis W	Columbia
VICKERS, MD, Jean L	Erie
VICKERY, MD, Jon L	Dauphin
VICTOR, MD, Mark F	Philadelphia

VICTORINO, GREGORY P	Student
VIDELL, DO, Jerry S	Philadelphia
VIECHNICKI, MD, M Bruce	Lehigh
VIERA, MD, Angel	Allegheny
VIGDAROVICH, MD, Vladimir	Northmbrland
VIGILANTE, MD, Michael	Lehigh
VIGLIONE, MD, Joseph P	Monroe
VIJAPURA, MD, Amit K	Lehigh
VIJAYAMOHAN, MD, Govindarajulu	Allegheny
VIJAYKUMAR, MD, Puvalai M	Allegheny
VIKOREN, MD, Farah H	Bucks
VILLA, MD, Francisco B	Potter
VILLACRUSIS, MD, Oscar C	Luzerne
VILLAGRA, MD, Victor G	Montour
VILLANUEVA, MD, Onofre Q	Venango
VILLARE, MD, Anthony W	Philadelphia
VILLARREAL, MD, Carlos X	Schuylkill
VILLARREAL, JACQUELINE A	Student
VILLARS, MD, Frederick	Philadelphia
VILLAVICENCIO-NOCHE, MD, Lydia L	Fayette
VILLEGAS, MD, Antonio C	Montgomery
VILLEGAS, MD, Emilio	Westmoreland
VILLELLA, MD, Edward R	Allegheny
VILUSHIS, DO, George J	Erie
VIN, MD, Prakash K	Westmoreland
VINCENT, MD, Gregory J	Bucks
VINCENT, MD, Joseph E	Lehigh
VIOLA, MD, Annette M	Chester
VIOLAGO, MD, Eduardo S	Dauphin
VIRK, MD, Alamjit Singh	Philadelphia
VISCUSI, MD, Donald J	Erie
VISNESKI, DO, Paul E	Lancaster
VISOT, MD, Luis R	Erie
VISPERAS, MD, Emiliana P	Northampton
VISPERAS, MD, Mario F	Carbon
VISWANATHAN, MD, Byravan	Adams
VITALE, MD, Louis J	Lackawanna
VITANZA, DO, Sebastian A	Erie
VITKIN, MD, Elvina	Philadelphia
VITTONE, MD, Daniel C	Westmoreland
VITTONE, MD, Ronald B	Westmoreland
VIVIAN, MD, Gail M	Chester
VIZER, MD, Mark B	Bucks
VLAHOS, DO, Patrick J	Allegheny
VLESSING, MD, Elias	Bucks
VLESSING, MD, Eva	Bucks
VOCI, MD, Gerardo	Philadelphia
VOGAN, MD, Clifford R	Armstrong
VOGAN, MD, William R	Mercer
VOGEL, MITCHELL	Student
VOGEL JR, MD, Julius A	Beaver
VOGELEY, MD, Eva A	Allegheny
VOGIN, MD, Eugene E	Philadelphia
VOGIN, GARY D	Student
VOGLER JR, MD, Wilfred E	Northampton
VOGT, MD, Merle A	Delaware
VOLK, MD, Francis N	Philadelphia
VOLK, MD, Stephen A	Northampton
VOLKIN, MD, Leonard B	Allegheny
VOLKIN, MD, Robert L	Allegheny
VOLLMAR II, MD, William R	Lancaster
VOLOSHIN, MD, Denise K	Philadelphia
VOLOSHIN, MD, Michael D	Philadelphia
VONBUN, MD, Friedrich J	Luzerne
VONDERPORTEN, MD, Kenneth P	Allegheny
VOORA, MD, Sambasivarao	Erie
VORA, MD, Prafullchandra	Greene
VORASINGHA, MD, Thongchai	Philadelphia
VORE, MD, Kimberle K	Washington
VORE, MD, Steven B	Centre
VOSK, MD, Arno D	Lycoming
VOSSENBERG, MD, Frans A	Allegheny
VOSSENBERG, MD, Frans J	Montgomery
VOUTSINAS, MD, Louisa V	Luzerne
VOYE, DO, Elizabeth F	Philadelphia
VOYTKO, MD, Richard E	Cambria
VRABEC, MD, Donald P	Montour
VRABLIK, MD, Ronald M	Crawford
VREELAND, MD, James H	Bedford
VROOMAN, MD, Samuel C	Philadelphia
VUCINICH, MD, Dana	Allegheny
VUJAN, MD, Alexander S	Allegheny
VUJEVICH, MD, Marion M	Allegheny
VUKMER, MD, George J	Northmbrland
VUKMER, MD, George J	Venango
VUKMIR, MD, Rade B	Allegheny
VUOLO, MD, Mark D	Montgomery
VYAS, MD, Rajiv K	Allegheny
VYDAS, MD, Saulius J	Centre

W

WACHS, MD, Hirsh	Allegheny
WACHTER, MD, H Ewing	Monroe
WADA, MD, Suzanne Yori	Philadelphia
WADDINGTON, MD, Arthur W	Philadelphia
WADE, MD, Franklin G	Lycoming
WADE, MD, George R	Chester
WADE, MD, Jeanne A	Erie
WADEMAN, MD, Ross L	Berks
WADHWA, MD, Kamal P	Lawrence
WADHWA, MD, Rajindar K	Allegheny
WADHWA, MD, Saroj R	Allegheny
WADHWANI, MD, Bhagwan J	Washington
WAGENFUHR, MD, Timm	Chester
WAGENHEIM, MD, Harry H	Philadelphia
WAGENHEIM, MD, Helen S	Philadelphia
WAGGENSPACK, MD, Gerard A	York
WAGMAN, MD, Albert D	Philadelphia
WAGMAN, MD, Philip G	Lawrence
WAGMAN, RICHARD S	Student
WAGNER, MD, Barbara C	Monroe
WAGNER, MD, Charles I	Montgomery
WAGNER, MD, David K	Philadelphia
WAGNER, MD, J Kent L	Lebanon
WAGNER, MD, Jeffrey M	Bradford
WAGNER, MD, Jere L	Northmbrland
WAGNER, MD, John B	Berks
WAGNER, MD, John M	Lackawanna
WAGNER, MD, Joseph A	Philadelphia
WAGNER, KRISTINA M	Student
WAGNER, MD, Louis J	Venango
WAGNER, MD, Robert A	Venango
WAGNER, MD, Robert E	Potter
WAGNER, MD, Tibor D	Montgomery
WAGNER, MD, W John	Lycoming
WAGNER JR, MD, Frederick B	Philadelphia
WAGNER JR, MD, Richard S	Lancaster
WAHBA, MD, Haney N	Westmoreland
WAHHAB, MD, Abdul	Schuylkill
WAIBEL, MD, David A	Lackawanna
WAIBEL, MD, John T	Blair
WAINER, MD, Amos S	Philadelphia
WAITZ, DO, Margot L	Philadelphia
WAKULCHIK, MD, Stephen D	Wayne/Pike
WALBERG, MD, Harry W	Allegheny
WALD, MD, Lawrence M	Philadelphia
WALD, MD, Michael E	Allegheny
WALD, MD, Niel	Allegheny
WALDEN, MD, Thomas B	Northampton
WALDHAUSEN, MD, John A	Dauphin
WALDMAN, MD, Joseph	Philadelphia
WALDMAN, MD, Terry L	Philadelphia
WALDO, MD, Ralph F	Indiana
WALDOR, MD, Philip A	Chester
WALDROP, MD, Charles D	Bradford
WALICHUCK, MD, John G	Delaware
WALIGURA, DO, R Curtis	Allegheny
WALINSKY, MD, Paul	Philadelphia
WALKER, MD, A Carl	Greene
WALKER, MD, Andrew B	Lehigh
WALKER, MD, Barry R	Philadelphia
WALKER, MD, Brian K	Centre
WALKER, MD, Herbert I	Philadelphia
WALKER, MD, James F	Erie
WALKER, MD, James L	Dauphin
WALKER, MD, James M	Cumberland
WALKER, MD, John E	Allegheny
WALKER, MD, Jon G	Lancaster
WALKER, MD, Leon R	Blair
WALKER, MD, Levi	Allegheny
WALKER, MD, M Lorenzo	Philadelphia
WALKER, MD, Marcellus A	Wayne/Pike
WALKER, MD, Margaret E	Philadelphia
WALKER, MD, Robert L	Montour
WALKER, MD, Stanley R	Northampton
WALKER, MD, Stephen R	Delaware
WALKER, MD, Stephen T	Montour
WALKER, MD, William R	Lancaster
WALKER JR, MD, Leroy L	Philadelphia
WALKOWSKI JR, MD, Edward J	Lackawanna
WALL, MD, James R	Lehigh
WALL, MD, John N	Allegheny
WALL, MD, Norman M	Schuylkill
WALL, MD, Rod A	Cambria
WALLACE, MD, Homer D	Allegheny
WALLACE, MD, Ira B	Philadelphia
WALLACE, MD, James M	Erie
WALLACE, MD, Richard P	Philadelphia
WALLACE, THERESA C	Student
WALLACE, MD, Wilbur S	Erie
WALLACE JR, MD, Joseph	Delaware
WALLEN, MD, Albert D	Philadelphia
WALLEN, MD, Robert C	Monroe
WALLENDJACK, MD, John C	Dauphin
WALLER, MD, Joan C	Delaware
WALLER, MD, Louis C	Lackawanna
WALLER, MD, Louis C	Allegheny
WALLERSTEIN, MD, Edward M	Erie
WALLEY III, MD, Robert E	Allegheny
WALLIA, MD, Rajni	Allegheny
WALLIN, MD, Bruce A	Philadelphia
WALLIN, MD, Thomas E	Dauphin
WALLISCH, MD, Michael D	Potter
WALLNER, DO, Leonard	Philadelphia
WALLNER, DO, Paul E	Philadelphia
WALMER, MD, John D	Lebanon
WALMSLEY, MD, James E	Chester
WALNISTA, MD, Frank J	Lackawanna
WALOR, OFF MANAGER, Margaret M	Westmoreland
WALRATH III, MD, Martin H	Allegheny
WALSH, MD, Arthur C	Allegheny
WALSH, MD, David J	Allegheny
WALSH, MD, Deirdre V	Montgomery
WALSH, MD, Douglas M	Dauphin
WALSH, MD, James C	Luzerne
WALSH, MD, John J	Allegheny
WALSH, MD, Thomas F	Allegheny
WALTER, MD, C Lee	Allegheny
WALTER, MD, Daniel B	Philadelphia
WALTER, MD, David L	Venango
WALTER, MD, William J	Allegheny
WALTERS, DO, Donald A	Lancaster
WALTERS, JUSTIN R	Student
WALTERS, MD, William H	Schuylkill
WALTERS, MD, William S	Warren
WALTHER, BRUCE E	Student
WALTMAN, MD, Charles A	Northampton
WALTZ, MD, Paul K	Dauphin
WALTZER, MD, Frederick N	Montgomery
WAMPLER, MD, David L	Cumberland
WAMPLER, MD, Merle J	York
WANAMAKER, MD, John L	Bradford
WANCZYK, MD, Casimir J	Berks
WANDALOWSKI, MD, John G	Lackawanna
WANG, MD, Barbara K	Westmoreland
WANG, MD, Chee K	Northampton
WANG, MD, George C	Delaware
WANG, JEFFREY C	Student
WANG, JOHN Y	Student
WANG, KENNETH K	Student
WANG, MD, Shen-Chi	Mercer
WAPENSKI, MD, Joseph A	Allegheny
WAPLES, MD, Charles H	Philadelphia
WAPNER, MD, John M	Lehigh
WAPNER, MD, Keith L	Philadelphia
WAPNER, MD, Paul M	Philadelphia
WAPNER, MD, Ronald J	Philadelphia
WARAVDEKAR, MD, Neil V	Philadelphia
WARD, MD, Edgar H	Erie
WARD, MD, Edward J	Delaware
WARD, MD, H Richard	Union
WARD, MD, Mary J	Columbia
WARD, MD, Michael J A	Chester
WARD, MD, Samuel P	Dauphin
WARD, MD, Stephen D	Montgomery
WARD, MD, Timothy J	Erie
WARD, MD, W Timothy	Allegheny
WARD JR, MD, Maurice J	Chester
WARD JR, MD, Thomas D	Westmoreland
WARDE, MD, Donal A	Allegheny
WARDELL, MD, Walter J	Philadelphia
WARDEN, MD, James R	Erie
WARE, MD, William B	Beaver
WARFEL, THOMAS E	Student
WARGO, MD, Peter J	Allegheny
WARHOL, MD, Michael J	Philadelphia
WARIKOO, MD, Shiban K	Cambria
WARING, MD, Elizabeth L	Allegheny
WARNER, MD, Howard F	Philadelphia
WARNER, MD, Norman M	Chester
WARNER, MD, Robert E	Allegheny
WARNER, MD, Robert H	Allegheny
WARNICK, MD, Richard D	Philadelphia
WARNICK, MD, W Clay	Philadelphia
WARNING II, MD, William J	Lancaster
WARREN, MD, James N	Philadelphia
WARREN, MD, James W	Dauphin
WARREN, MD, Jonathan	Northampton
WARREN, MD, Kenneth C	Montgomery
WARREN, MD, William L	Chester
WARRENDER, MD, William F	Bucks
WARTELLA JR, MD, Stephen	Luzerne
WASHBURN, MD, Virginia E	Allegheny
WASHBURNE MOYLAN, MD, Jaqueline D	Philadelphia
WASHINGTON, MD, Buford S	Philadelphia
WASHINGTON, E LACEY	Student
WASHOFSKY, RICHARD A	Student
WASILEWSKI JR, MD, Charles L	Lycoming
WASKIEWICZ, JILL A	Student
WASKO, MD, Margery L	Dauphin
WASKO, MD, Robert	Lehigh
WASNICK, MD, William	Luzerne
WASSERMAN, MD, Andrew P	Philadelphia
WASSERMAN, MD, Kenneth E	Philadelphia
WASSIL, MD, John G	Mercer
WASSIL JR, MD, John G	Mercer
WATERS, MD, Michael N	Allegheny
WATERS, DO, Patrick T	Philadelphia
WATKIN JR, MD, Walter B	Dauphin
WATKINS, MD, George M	Northampton
WATKINS, MD, Gloria J	Westmoreland
WATSKIN, MD, Jacqueline S	Dauphin
WATSON, MD, Charles G	Allegheny
WATSON, MD, James G	Montgomery
WATSON, MD, James R	Allegheny
WATSON, MD, T G	Mercer
WATSON, MD, Thomas M	Crawford
WATSON, MD, William Gray	Allegheny
WATSON III, MD, Robert A	Philadelphia
WATTENMAKER, MD, Bernard M	Allegheny
WATTERS, MD, Edmond C	Allegheny
WATTERSON, MD, Samuel G	Somerset
WATTS, MD, Harvey F	Philadelphia
WAWROSE, MD, Frederick E	Huntingdon
WAWRZYNSKI II, PAUL E	Student
WAY, MD, George E	Cambria
WAYLONIS, MD, J Robert	Allegheny
WEADER, MD, Joseph A	Montour
WEADER, MD, William M	Northmbrland
WEAN, MD, Lawrence P	Delaware
WEANER JR, MD, Howard H	Lycoming
WEASON, MD, Steven R	Bucks
WEAVER, MD, Aaron R	Lancaster
WEAVER, AMY LU	Montour
WEAVER, MD, Don K	Lycoming
WEAVER, MD, Donald R	Bradford
WEAVER, MD, Frank M	York
WEAVER, GAYLE J	Student
WEAVER, MD, James D	Erie
WEAVER, MD, Kent E	Berks
WEAVER, MD, Lunda E	Blair
WEAVER, MD, M Fay	Berks
WEAVER, MD, Martin D	Philadelphia
WEAVER, MD, Miles L	Allegheny
WEAVER, MD, R Clair	Lancaster
WEAVER, DO, Richman G	York
WEAVER, MD, Robert P	Centre
WEAVER, MD, Thomas D	Allegheny
WEAVERLING, MD, Eric R	Bedford
WEBB, MD, Duane D	Chester
WEBB III, MD, Paul R	Bradford
WEBBER, MD, Carol P	Montgomery
WEBBER, MD, John B	Philadelphia
WEBER, ALLAN A	Student
WEBER, MD, Cynthia E	Philadelphia
WEBER, MD, Daniel I	Dauphin
WEBER, MD, David R	Allegheny
WEBER, ERIC A	Student
WEBER, MD, Frederic J	Montgomery
WEBER, MD, Gary M	Student
WEBER, MD, George L	Delaware
WEBER, JEFFREY K	Student
WEBER, MD, John E	Allegheny
WEBER, MD, John I	Philadelphia
WEBER, MD, Lawrence	Allegheny
WEBER, MD, Margaret Ellen	Philadelphia
WEBER, MD, Otto R	Monroe
WEBER, MD, Peter C	Allegheny
WEBER, MD, Richard H	Lancaster
WEBER, MD, Stanley	Allegheny
WEBER, MD, Stephen F	Lycoming
WEBER, MD, Steven J	Bucks
WEBER, MD, William C	Northampton
WEBER II, MD, Robert C	Montgomery
WEBSTER, MD, John H	Allegheny
WEBSTER, MD, Lane	Tioga
WEBSTER, MD, Marshall W	Allegheny
WEBSTER, MD, Wilma P	Columbia
WECHSLER, MD, Harry L	Allegheny
WECHSLER, MD, Lawrence R	Allegheny
WECHSLER, MD, Richard L	Allegheny
WECHSLER, MD, Sylvia M	Allegheny
WECHT, MD, Cyril H	Allegheny
WEDEEN, MD, Robert S	Chester
WEDEMEYER, MD, Anne L	Allegheny
WEDEMEYER, MD, Phillips P	Allegheny
WEDIG, MD, Barbara M	Philadelphia
WEE, MD, Eng C	Mercer
WEED, MD, Allen S	Montgomery
WEED, MD, Michael K	Lancaster
WEHBE, MD, Marwan A	Montgomery
WEI, MD, Lawrence C	Potter
WEIBEL, CHRISTOPHER J	Student
WEIBEL, MD, David C	Union
WEIBEL, MD, Robert E	Delaware
WEIBEL, MD, Sandra B	Philadelphia
WEIDA, MD, Thomas J	Lancaster
WEIDAW, MD, Harold R	Carbon
WEIDENHAMER, MD, Monica L	Allegheny
WEIDMAN, EXEC DIR, Bruce R	Berks
WEIDNER, BRYAN C	Student
WEIDNER, JAMES R	Student
WEIDNER, MD, Paul L	Bucks
WEIDNER, MD, Sandra L	Lehigh
WEIDNER JR, JOSEPH K	Student
WEIG, MD, Spencer G	Bradford
WEIGEL, MD, A Linn	Allegheny
WEIGEL, MD, Jesse A	Dauphin
WEIGEL, MD, Joseph H	Beaver
WEIGEL JR, MD, John E	Allegheny
WEIGHTMAN, MD, Joseph	Union
WEIGLER, MD, Richard R	Allegheny
WEIKERS, MD, Norbert J	Allegheny
WEIMER, MD, Gregory R	Centre
WEIN, MD, Alan J	Philadelphia
WEIN, MD, Thomas P	Allegheny
WEINBAUM, CINDY M	Student
WEINBAUM, MD, David L	Allegheny
WEINBERG, MD, Carroll A	Delaware
WEINBERG, MD, Daniel J	Philadelphia
WEINBERG, MD, J David	Lancaster
WEINBERG, JEFFREY M	Student
WEINBERG, MD, Joel H	Allegheny
WEINBERG, MD, Richard A	Delaware
WEINBERG, MD, Richard L	Allegheny
WEINBERGER, MD, Irving G	Allegheny
WEINBLATT, MD, Howard A	Philadelphia
WEINER, MD, Bruce	Montgomery
WEINER, MD, Frank	Indiana
WEINER, MD, Gerald H	Lawrence
WEINER, MD, Harold M	Montgomery
WEINER, MD, Herman L	Philadelphia
WEINER, DO, Ira H	Delaware
WEINER, MD, Jack	Philadelphia
WEINER, MD, Jeffery R	Montgomery
WEINER, MD, Leon J	Philadelphia
WEINER, MD, Robert A	Mercer
WEINGARTEN, MD, Martin Z	Philadelphia
WEINSTEIN, MD, Barbara J	Allegheny
WEINSTEIN, MD, David P	Westmoreland
WEINSTEIN, MD, Gary S	Allegheny
WEINSTEIN, MD, Jack L	Philadelphia
WEINSTEIN, MD, Lee	Dauphin
WEINSTEIN, MD, Maryann B	Washington
WEINSTEIN, MD, Robert S	Philadelphia
WEINSTEIN, MD, Saul F	Philadelphia
WEINSTOCK, MD, Jerome L	Montgomery
WEINSTOCK, MD, Robert M	Philadelphia
WEIS, MD, James C	Philadelphia
WEIS, DO, John H	Bradford
WEIS, MD, Paul R	Lehigh
WEISBERG, MD, Edward S	Allegheny

WEISBERG, MD, Jerome S	Berks
WEISBERG, MD, Paul B	Philadelphia
WEISBERG, MD, Robert A	Bucks
WEISEL, MD, William M	Westmoreland
WEISER, MD, Madeleine C	Montgomery
WEISER, MD, Paul J	Bucks
WEISKOPF, MD, Jay R	Allegheny
WEISMAN, MD, Dale M	Northampton
WEISMAN, EVAN B	Student
WEISMAN, MD, Harlan F	Chester
WEISMAN, MD, Richard A	Allegheny
WEISMER, MD, Richard M	Lancaster
WEISNER, MD, Michael J	Union
WEISS, MD, Alan R	Montgomery
WEISS, MD, Albert A	Philadelphia
WEISS, MD, Burton	Philadelphia
WEISS, MD, Carl B	Monroe
WEISS, MD, Charles	Philadelphia
WEISS, MD, David L	Philadelphia
WEISS, MD, Edward D	Philadelphia
WEISS, MD, Elissa	Allegheny
WEISS, MD, Eric G	Philadelphia
WEISS, MD, George H	Montgomery
WEISS, MD, James	Allegheny
WEISS, DO, Jeffrey A	Philadelphia
WEISS, MD, Jeffrey P	Lackawanna
WEISS, MD, Jordan B	Philadelphia
WEISS, DO, Kenneth S	Montgomery
WEISS, MD, Larry D	Allegheny
WEISS, MD, Laurence B	Philadelphia
WEISS, MD, Lynne Janice	Philadelphia
WEISS, DO, Malcolm D	York
WEISS, MD, Malcolm S	Allegheny
WEISS, MD, Michael W	Allegheny
WEISS, MD, Ned M	Montgomery
WEISS, MD, Richard D	Delaware
WEISS, MD, Richard L	Bucks
WEISS, MD, Robert	Philadelphia
WEISS, MD, Robert F	Allegheny
WEISS, MD, Robert J	Warren
WEISS, MD, Robyn D	Allegheny
WEISS, MD, Sharon N	Philadelphia
WEISS, MD, Sidney	Philadelphia
WEISS, MD, Stephen M	Philadelphia
WEISS, MD, William	Philadelphia
WEISS, MD, William B	Luzerne
WEISS JR, MD, Carl B	Northampton
WEISSER, MD, C William	Allegheny
WEISSMAN, MD, Joel M	Philadelphia
WEISSMAN, MD, Marcus I	Philadelphia
WEITEKAMP, MD, Michael R	Dauphin
WEITZEL, MD, Scott L	Dauphin
WEITZEL, MD, William K	Allegheny
WELBY, TIMOTHY D	Student
WELCH, MD, J Patrick	Lebanon
WELCH, MARK J	Student
WELDON, MD, John F	Washington
WELLENBACH, MD, Burton L	Philadelphia
WELLER, ALAN S	Student
WELLES, MD, Linda B	Erie
WELLES, MD, Richard V	Erie
WELLMAN, MD, Richard H	Butler
WELLS, MD, E Buist	Erie
WELLS, MD, Gregg Bennett	Philadelphia
WELNER, MD, Alan H	Philadelphia
WELSH, MD, James F	Berks
WELTMAN, MD, Gary R	Luzerne
WELTY, MD, Katherine K	Clearfield
WEMPLE, MD, Jan B	Northampton
WENDELL JR, MD, James I	Montgomery
WENDER, MD, Richard C	Philadelphia
WENDLING, MD, Woodrow W	Philadelphia
WENG, MD, Sam S	Northampton
WENGER, MD, Allen S	Dauphin
WENGER, MD, Jay A	Bucks
WENGER, MD, Marlin E	Lancaster
WENGER, MD, Norman E	Lackawanna
WENGER, MD, Sidney U	Philadelphia
WENGERT JR, MD, Paul A	Dauphin
WENGROVITZ, MD, Paul H	Centre
WENIGER, MD, Frederick C	Allegheny
WENIGER, MD, Frederick L	Allegheny
WENNER, DO, David R	Dauphin
WENNER, MD, Robert B	Luzerne
WENNER JR, DO, Earl J	York
WENNERSTEN, MD, Jack R	Montgomery
WENOCUR, MD, Howard S	Philadelphia
WENTZ, MD, Henry S	Lancaster
WENTZLER, MD, J Donald	Union
WERLEY, MD, Charles W	Northampton
WERLEY, MD, John D	Northampton
WERNER, MD, A William	Elk/Cameron
WERNER, ALAN M	Student
WERNER, MD, David B	Centre
WERNER, MD, Donald J	Lackawanna
WERNER, MD, Elliot B	Philadelphia
WERNER, MD, Joyce Z	Cambria
WERNER, MD, Kathleen T	Allegheny
WERNER JR, MD, Joseph H	Bucks
WERNING, JOHN W	Student
WERRIN, MD, Marguerite W	Chester
WERRIN, MD, Ronald J	Chester
WERT, MD, Roy E	Bradford
WERTHAN, MD, Merylee E	Philadelphia
WERTHEIMER, MD, Marc J	Delaware
WERTHER, MD, Norman M	Montgomery
WERTIME, MD, Clara G	Dauphin
WERTZ, MD, Robert R	Cambria
WESCHLER, MD, Barbara	Allegheny
WESLER-GILLESPIE, MD, Barbara A	Delaware
WESNER, MD, Neil N	Luzerne
WESS, MD, Michael M	Philadelphia
WESSEL, MD, Isadore J	Philadelphia
WEST, MD, Edward	Centre
WEST, MD, John C	Montour
WEST, DO, Mitchell F	Westmoreland
WEST, MD, Robert B	Mifflin/Juni
WEST, STEVEN E	Student
WEST, MD, William B	Huntingdon
WEST JR, MD, Clifton F	Montgomery
WEST JR, MD, William J	Philadelphia
WEST SR, MD, William J	Cumberland
WESTAWSKI, DANIEL B	Student
WESTCOTT, MD, Richard J	Berks
WESTHEIM, MD, Alan I	Monroe
WESTON, MD, John M	Union
WESTON, MD, Wayne L	Lackawanna
WESTPHAL, MD, Suzanne L	Philadelphia
WESTPHAL, MD, Thomas R	Lancaster
WETHERHOLD, DAVID W	Student
WETMORE, MD, Ralph F	Philadelphia
WETMORE, MD, Stanley M	Dauphin
WETSCHLER, MD, Stanley S	Allegheny
WETSTONE, MD, Jeffrey B	Lycoming
WETTLAUFER, MD, Marilyn R	Philadelphia
WETZEL, MD, F Todd	Dauphin
WETZEL, MD, Marie A	Blair
WETZEL, MD, Robert J	York
WEXLER, MD, Harry	Philadelphia
WEXLER, SHARI B	Student
WEXLIN, MD, Donald J	Montgomery
WEYLAND, MD, Charletta K	Lebanon
WHALEN, MD, Edward C	Montgomery
WHALEN, MARK J	Student
WHALEN, MD, Thomas J	Washington
WHARTON, MD, Stanley W	Erie
WHEATLY, MD, William K	Lancaster
WHEELER, MD, Glen N	Lebanon
WHEELER, MD, John S	Lehigh
WHEELER, MD, Leigh D	Centre
WHEELING, MD, George H	Cambria
WHELAN, MD, Stephen T	Delaware
WHETSTONE, MD, Charles L	Lancaster
WHIGHTSEL, MD, Jeffrey W	Blair
WHILDIN, MD, James G	Northampton
WHIPPLE, MD, Dorothy S	Philadelphia
WHITAKER, MD, H Craig	Delaware
WHITAKER, MD, J Michael	Bucks
WHITAKER, MD, Linton A	Philadelphia
WHITAKER, MD, Paul J	Northampton
WHITCOMB, MD, Clarence A	Philadelphia
WHITCOMB, MD, Luther M	Cumberland
WHITE, MD, Albert E	Bucks
WHITE, MD, Carol J	Greene
WHITE, MD, Cheryl Jo	Montgomery
WHITE, MD, Daryl E	Franklin
WHITE, MD, David A	Washington
WHITE, MD, David M	Philadelphia
WHITE, MD, Deborah A	Philadelphia
WHITE, MD, George S	Centre
WHITE, MD, Jack C	Chester
WHITE, MD, Joseph G	Chester
WHITE, JULIE M	Student
WHITE, MD, Kathlene	Montgomery
WHITE, MD, Michael J	Allegheny
WHITE, MD, Richard K	Lehigh
WHITE, MD, Robert A	Delaware
WHITE, MD, Robert P	Northampton
WHITE, MD, T Michael	Cambria
WHITE, MD, Wesley R	Lackawanna
WHITE, MD, William L	Allegheny
WHITE, EXEC SEC, Anne L	Fayette
WHITE JR, MD, Robert H	Lancaster
WHITELEY, MD, John P	York
WHITENACK, MD, Stephen H	Philadelphia
WHITESIDE, MD, Virginia E	Allegheny
WHITFORD, THEODORE C	Student
WHITING, MD, R Keith	Lebanon
WHITMAN, MD, Coleen C	Delaware
WHITMAN, JAMES F	Student
WHITMAN, MD, Mark A	Bucks
WHITMAN, MD, Randal L	Philadelphia
WHITMAN, MD, Robert S	Allegheny
WHITMORE, MD, John T	Bedford
WHITMORE, MD, Mason	Delaware
WHITMOYER, STEPHEN R	Student
WHITNEY, MD, Jonathan P	Dauphin
WHITSON, MD, David W	Lehigh
WHITTAKER, MD, Richard P	Montgomery
WHITTEN, MD, Thomas L	Westmoreland
WHOLEY, MD, Mark H	Allegheny
WHYTE, MD, John	Philadelphia
WHYTE, JOHN J	Student
WIBLE, MD, Claire E	York
WIBLE, MD, Leroy C	Allegheny
WIBULOUTAI, MD, Boonterm	Beaver
WICK, MD, John L	Butler
WICKERHAM JR, MD, Earl P	Allegheny
WICKEY, MD, Gregory S	Dauphin
WICKRAMASINGHE, MD, Eardly K	Erie
WIDDOWSON, MD, Harold R	Delaware
WIDELITZ, MD, Martin M	Philadelphia
WIDER, MD, Saul	Philadelphia
WIDGE, MD, Toeruna S	Lehigh
WIDGER, MD, John E	Columbia
WIDLAN, MD, Sheldon	Westmoreland
WIECKS, MD, Michael J	Dauphin
WIECZOREK, MD, J Eric	Somerset
WIEDER JR, MD, Henry S	Philadelphia
WIEGAND, MD, David A	Dauphin
WIEMANN, MD, George F	Bucks
WIENER, MD, Eugene S	Allegheny
WIENER, MD, Jacob S	Philadelphia
WIENER, DO, Stephen D	Montgomery
WIENER, MD, Stephen G	Berks
WIESENFELD, MD, Nathaniel H	Luzerne
WIESNER, MD, Irving S	Delaware
WIEST, MD, Hiram L	Dauphin
WIGERT, MD, Walter S	Tioga
WIGHT, MD, Susan C	Philadelphia
WIGLE, MD, Arnold R	Westmoreland
WIKLER, MD, Joan G	Bucks
WIKLER, MD, Louis A	Philadelphia
WIKLER, MD, Matthew A	Philadelphia
WIKOFF, MD, Edward K	Philadelphia
WILBERGER JR, MD, James E	Allegheny
WILBRAHAM, STEVEN C	Student
WILCOX, MD, Geoffrey H	Allegheny
WILCOX, MD, Kenneth R	Luzerne
WILCOX, MD, Simmon L	Beaver
WILCOX JR, MD, Winthrop P	Lancaster
WILCZANSKI, MD, Peter L	Westmoreland
WILD JR, MD, Robert M	Centre
WILDBLOOD, MD, Harry M	York
WILDENHAIN, MD, Philip M	Allegheny
WILDER, MD, Bruce L	Allegheny
WILDERMAN, MD, Barry S	Bucks
WILDRICK, MD, Kenneth H	Northampton
WILEN, MD, Howard O	Allegheny
WILEY, MD, Bert C	Blair
WILEY, MD, Catherine C	Delaware
WILEY, DO, David E	Lancaster
WILEY, MD, Lee A	Erie
WILF, MD, Haroid	Philadelphia
WILHELM, MD, Barbara E	Fayette
WILHELM, MD, William C	Erie
WILKENING, MD, Robin M	Mifflin/Juni
WILKERSON, MD, Joseph L	Delaware
WILKINS, MD, Byron D	Lehigh
WILKINSON, MD, David M	Montour
WILKINSON, MD, Harold A	Delaware
WILKINSON, MD, John H	Allegheny
WILKINSON, MD, Roselise H	Delaware
WILKINSON, MD, Susan Z	Luzerne
WILLARD III, MD, Willis W	Cumberland
WILLI, MD, Francis W	York
WILLIAMS, MD, A Claude	Lycoming
WILLIAMS, MD, Barbara J	Montgomery
WILLIAMS, MD, Brenda A	Allegheny
WILLIAMS, MD, Burton L	Delaware
WILLIAMS, MD, Carol C	Mifflin/Juni
WILLIAMS, MD, Claude M	Delaware
WILLIAMS, DO, Dale L	Mercer
WILLIAMS, DAVID T	Student
WILLIAMS, MD, F Marian	Philadelphia
WILLIAMS, MD, Glenn L	Philadelphia
WILLIAMS, MD, Glenn R	York
WILLIAMS, MD, Harry T	Philadelphia
WILLIAMS, MD, Henry N	Lancaster
WILLIAMS, MD, Herman J	Berks
WILLIAMS, MD, James R	Philadelphia
WILLIAMS, MD, Jay James	Philadelphia
WILLIAMS, MD, John J	Berks
WILLIAMS, MD, John T	Philadelphia
WILLIAMS, MD, Karl E	Allegheny
WILLIAMS, MD, Kirkley R	Philadelphia
WILLIAMS, MD, Lynn R	Montgomery
WILLIAMS, DO, Mark S	Westmoreland
WILLIAMS, MD, Melvin C	Indiana
WILLIAMS, MD, Norman S	Allegheny
WILLIAMS, DO, Paul D	Dauphin
WILLIAMS, MD, R Hallock	Montgomery
WILLIAMS, MD, Richard A	Erie
WILLIAMS, MD, Richard G	Allegheny
WILLIAMS, MD, Scott L	Allegheny
WILLIAMS, MD, Stephen K	Montgomery
WILLIAMS, MD, Susan L	Delaware
WILLIAMS, MD, Virginia M	Dauphin
WILLIAMS III, MD, Irving	Union
WILLIAMS JR, MD, Philip D	Allegheny
WILLIAMS JR, MD, Thomas L	Northampton
WILLIAMSON, MD, Clarke E	Philadelphia
WILLIAMSON, MD, Edward L	Westmoreland
WILLIAMSON, MD, Mark E	Allegheny
WILLIAMSON, MD, Neihl J	Lycoming
WILLIAMSON, MD, Stephanie H	Dauphin
WILLIG, MD, Doris	Philadelphia
WILLIHNGANZ, MD, Walter D	Bucks
WILLISON, MD, Robert W	Allegheny
WILLNER, MD, David L	Chester
WILLNER, MD, Jay	Fayette
WILLS, MD, Michael H	Lancaster
WILLWERTH, MD, Gerald E	Franklin
WILLWERTH, MD, James W	Berks
WILSON, MD, Arthur R	Armstrong
WILSON, MD, Barbara D	Allegheny
WILSON, DAVID G	Student
WILSON, MD, David O	Allegheny
WILSON, MD, Donald F	Chester
WILSON, MD, Dorothy G	Northmbrland
WILSON, DO, Frederick R	Mercer
WILSON, MD, Frederick S	Montgomery
WILSON, MD, George M	Philadelphia
WILSON, MD, George W	Allegheny
WILSON, MD, J Edward	Dauphin
WILSON, MD, James A	Lancaster
WILSON, MD, James L	Tioga
WILSON, MD, Janet L	Philadelphia
WILSON, MD, John F	Philadelphia
WILSON, MD, John S	Westmoreland
WILSON, MD, Kim M	Allegheny
WILSON, MD, Lance B	Bucks
WILSON, MD, Linda C	Chester
WILSON, MD, Michael A	York
WILSON, MD, Ray A	York
WILSON, MD, Raymond N	Westmoreland
WILSON, MD, Richard A	Armstrong
WILSON, MD, Richard C	Lehigh
WILSON, MD, Richard P	Philadelphia
WILSON, MD, Robert J	Allegheny
WILSON, MD, Ruth W	Beaver
WILSON, MD, Samuel M	Philadelphia
WILSON, MD, Thomas W	Lawrence
WILSON, MD, W Lawrence	Allegheny
WILSON, MD, William W	Montgomery
WILSON JR, MD, Charles R	Allegheny
WILSON JR, MD, Robert N	Montgomery
WILT, MD, Kenneth E	York
WINANS, MD, Lewis E	Berks
WINDSOR JR, MD, Richard B	Dauphin
WINER, MD, Stephen F	Lebanon
WINEY, MD, Wilfred H	Cambria
WINFREE, MD, Listervelt S	Philadelphia
WINGARD, MD, Larry B	Armstrong
WINGERD, MD, Robert A	Franklin
WINGERT JR, MD, Charles H	Centre
WINGERT JR, MD, J Paul	Blair
WINIARSKI, MD, Genevieve C	Lancaster
WINIARSKI, MD, Janusz	Blair
WINICK, MD, Adam B	Montgomery
WINKLER, MD, Martin	Allegheny
WINKLER JR, MD, Louis H	Northampton
WINN, MD, Charles	Delaware
WINN, MD, Randall S	Berks
WINN JR, MD, Charles L	Bucks
WINSLOW, MD, Roy E	Franklin
WINSON, MD, Samuel G	Philadelphia
WINSTON, MD, James R	Philadelphia
WINSTON, MD, Joseph M	Berks
WINSTON, MD, Norman J	Berks
WINSTON, MD, Ralph B	Bradford
WINT, MD, Roger M	Philadelphia
WINT, MD, Samuel J	Cambria
WINTER, MD, Charles R	Lancaster
WINTER, MD, Fred S	Montgomery
WINTER, MD, Peter M	Allegheny
WINTER II, MD, John C	Lycoming
WINZELBERG, MD, Gary G	Allegheny
WIRE, MD, Wilbur H	York
WIRTH, MD, Timothy M	Berks
WIRTS JR, MD, C Wilmer	Philadelphia
WISE, MD, Richard J	Luzerne
WISE, SCOTT W	Student
WISEMAN, DO, Douglas C	Northampton
WISHNEV, MD, Martin A	Allegheny
WISMAN, MD, Craig B	Dauphin
WISS, MD, Raymond J	Cumberland
WISSINGER, MD, H Andrew	Allegheny
WISSLER, MD, Robert U	Lancaster
WITHERS, MD, Donald E	York
WITHERSPOON, MD, John S	Allegheny
WITHERSPOON, MD, Robert G	Westmoreland
WITKIN, MD, Evelyn D	Montgomery
WITKOWSKI, MD, Joseph A	Philadelphia
WITKOWSKI, MD, Mark T	Blair
WITMER, MD, Donald B	Lancaster
WITMER, MD, Robert H	Lancaster
WITOWSKI, MD, John J	Lackawanna
WITT, MD, D Ernest	Columbia
WITT, MD, Paul J	Luzerne
WITTELS, MD, Emanuel	Berks
WITTELS, MD, Heidi Linsk	Philadelphia
WITTHOFF JR, MD, Elmer M	Lycoming
WITTIG, MD, Robert L	Allegheny
WITTKE, MD, Maryann T	Philadelphia
WITTMANN, MD, Eric K	Lackawanna
WITTMANN, MD, Thomas A	Erie
WIXON, CHRISTOPHER L	Student
WODLINGER, MD, Paul M	Washington
WODNICKI, MD, Moises	Washington
WODZINSKI, MD, Steven F	Westmoreland
WOELFEL, MD, George F	Allegheny
WOERTHWEIN, MD, Kenneth F	York
WOHL, MD, Daniel L	Philadelphia
WOHL, MD, Milton A	Philadelphia
WOJCIAK, DO, Raymond J	Allegheny
WOLANIN, MD, Janusz	Luzerne
WOLBACH JR, MD, Albert B	Lancaster
WOLDORF, MD, Norman M	Dauphin
WOLDOW, MD, Andrew B	Montgomery
WOLDOW, MD, Asher	Philadelphia
WOLDOW, MD, Irving	Philadelphia
WOLF, MD, Charles R	Chester
WOLF, CINDY J	Student
WOLF, MD, Franklin M	Berks
WOLF, MD, Kathleen M	Allegheny
WOLF, MD, Lewis R	Philadelphia
WOLF, MD, Melvyn A	Montgomery
WOLF, MD, Richard M	Philadelphia
WOLF, ROBERT S	Student
WOLF, MD, Sandra M	Philadelphia
WOLF, MD, Stephen H	Bucks
WOLF, MD, Stewart G	Northampton
WOLF JR, MD, John H	Philadelphia
WOLFE, MD, Charles H	Philadelphia
WOLFE, MD, Daniel E	Lycoming
WOLFE, MD, David W	Bradford
WOLFE, MD, Dwight D	Lancaster
WOLFE, DO, Gary E	Dauphin

WOLFE, MD, Gil I	Philadelphia
WOLFE, MD, Judith A	Cambria
WOLFE, MD, Patrick W	Cambria
WOLFE, MD, Virginia K	Indiana
WOLFERTH JR, MD, Charles C	Philadelphia
WOLFF, MD, Charles R	Allegheny
WOLFF, MD, Daniel C	Susquehanna
WOLFF, MD, Jeffrey M	Westmoreland
WOLFF, MD, Regis A	Allegheny
WOLFGANG, MD, Gary L	Montour
WOLFINGER, MD, Walter L	Franklin
WOLFORD, MD, Jack A	Allegheny
WOLFSON, MD, Bernard	Allegheny
WOLFSON, MD, Philip J	Philadelphia
WOLFSON, MD, Robert J	Philadelphia
WOLFSON, MD, Steven J	Lycoming
WOLFSON JR, MD, Sidney K	Allegheny
WOLGIN, MD, William	Philadelphia
WOLINSKY, MD, Arthur P	Allegheny
WOLK, MD, Daniel Lee	Philadelphia
WOLK, MD, Melvyn H	Lackawanna
WOLK, MD, Stephen M	Philadelphia
WOLK, MD, Thomas A	Chester
WOLLIS, MD, Janine Gayle	Philadelphia
WOLLMAN, MD, Harry	Philadelphia
WOLLMAN, MD, Michael R	Allegheny
WOLMARK, MD, Norman	Allegheny
WOLOSHIN, MD, Henry J	Philadelphia
WOLSON, MD, Alan H	Lehigh
WOLZ, MD, Dean E	York
WON, MD, Kwan H	Dauphin
WON, MD, Okhee	Lackawanna
WONG, ALAN	Student
WONG, MD, Albert	Somerset
WONG, MD, Alfonso Ming Y	Philadelphia
WONG, MD, Edgar	Tioga
WONG, MD, Hon Yuen	Clarion
WONG, MD, James	Berks
WONG, MD, Kevin M	Westmoreland
WONG, MD, Ling G	Centre
WONG, MICHAEL Y	Student
WONG, MD, Ming-Der	York
WONG, MD, Randolph K M	Dauphin
WONG, MD, Tien P	Philadelphia
WONGPAKDEE, MD, Sobsan	Potter
WONSETTLER, MD, Donald E	Mercer
WOO, MD, Mariano	York
WOO, Y JOSEPH	Student
WOOD, DO, Curtis J	Lebanon
WOOD, MD, David W	Montgomery
WOOD, MD, Ernest M	Lancaster
WOOD, MD, Francis C	Philadelphia
WOOD, MD, Howard P	Montgomery
WOOD, MD, John M	Allegheny
WOOD, MD, Margaret D	Philadelphia
WOOD, MD, Margaret G	Philadelphia
WOOD, MD, Sandra D	Allegheny
WOODBURY, DEBORAH	Student
WOODCOCK, MD, Charles H	Union
WOODCOCK, MD, Charles W	Dauphin
WOODINGS, MD, Samuel G	Mercer
WOODLEY, MD, Christopher C	Lackawanna
WOODMAN, MD, Thomas J	Bucks
WOODRING, MD, Albert J	Montgomery
WOODRUFF, MD, Charles L	Philadelphia
WOODRUFF, MD, Nancy K	Delaware
WOODRUFF JR, MD, D Stratton	Montgomery
WOODS, MD, Anne N	York
WOODS, DANA P	Student
WOODS, MD, Timothy A	Philadelphia
WOODSIDE, MD, John A	York
WOODSON, MD, Robert H	Philadelphia
WOODWARD, MD, Edward G	Dauphin
WOODWARD, MD, John P	Philadelphia
WOOLCOCK, MD, Ruth B	Allegheny
WOOLLEY, DANIEL S	Student
WOOLLEY JR, MD, Paul O	Centre
WOOLSLAYER, MD, Paul R	Somerset
WOOTEN, MD, Sally M	Mifflin/Juni
WORKMAN, CHERYL A	Student
WORLEY, MD, Carl M	Allegheny
WORLEY, MD, Seth J	Lancaster
WORMUTH, CHRISTOPHER J	Student
WORNAS, MD, Christian G	Berks
WOROBEC, MD, Russell N	Lycoming
WORRALL, MD, V Thomas	Allegheny
WORRILOW, MD, Suzanne H	Lebanon
WORSHTIL, MD, Mark E	Washington
WORTHINGTON, MD, John J	Montgomery
WORTZEL, MD, Richard D	Bucks
WOTRING, MD, John M	Berks
WOYNAROWSKI, MD, John A	Berks
WOZNIAK, MD, John	Delaware
WOZNIAK, MD, Richard S	Cambria
WRIGHT, MD, Bruce A	Allegheny
WRIGHT, MD, David G	Allegheny
WRIGHT, MD, L Alan	Allegheny
WRIGHT, MD, Lance S	Philadelphia
WRIGHT, MD, Merja T	Erie
WRIGHT, MD, Rayford E	Cambria
WRIGHT, MD, Richard E	Allegheny
WRIGHT, MD, Robert E	Lackawanna
WRIGHT, MD, Scott H	Philadelphia
WRIGHT, MD, Thomas S	Montgomery
WRIGHT, MD, William R	Lawrence
WRIGHT II, MD, John C Y	Beaver
WRIGHT JR, MD, Alfred E	Fayette
WRIGHT JR, MD, George J	Allegheny
WRIGLEY, MD, Michael S	Montgomery
WROBLESKI, MD, Harry F	Allegheny
WROBLEWSKI, MD, Genevieve A	Luzerne
WU, MD, Chau H	Elk/Cameron
WU, MD, Christine	Philadelphia
WU, MD, Donald T	Philadelphia
WU, MD, Jun-Yi	Lackawanna
WU, LILLIAN	Student
WUMMER, MD, Brian A	Berks
WUNDER, MD, Richard J	Philadelphia
WUNDERLICH, MD, Karen A	Allegheny
WURZER, JAMES C	Student
WUSHENSKY, MD, Curtis A	Chester
WUSTROW, MD, H Juergen	Blair
WUSYLKO, MD, Michael	Allegheny
WYATT, MD, Douglas B	Cambria
WYCHE, DO, Samuel P	Philadelphia
WYDAN, ANTHONY G	Student
WYMER, MD, Ralph M	Butler
WYNERT, MD, William R	Cambria
WYSOKINSKI, MARK L	Student
WYSZOMIERSKI, MD, David A	Westmoreland
WYTOCK, MD, Dale H	Montour

X

XANTHOPOULOS, DO, James E	Mifflin/Juni
XAVIER, MD, Cherian P	Philadelphia

Y

YACONO, MD, John V	Allegheny
YAGHSEZIAN, MD, Harout	Philadelphia
YAGNIK, MD, Pratap M	Delaware
YAGNIK, MD, Rekha P	Delaware
YAKIN, DAVID E	Student
YAKISH, MD, Samuel D	Beaver
YAMASHITA, MD, Hideo James	Philadelphia
YAMULLA, MD, Robert S	Luzerne
YAMULLA, MD, Stanley J	Luzerne
YAN, ALBERT C	Student
YANCEY, MD, Michael V	Bradford
YANG, MD, Harold C	Dauphin
YANG, MD, Jae-Taek	Armstrong
YANG, MD, Jau-Hsin	Allegheny
YANG, LYNN W	Student
YANG, MD, Un-Taek	Montgomery
YANG, MD, Wen-Shiong	Lehigh
YANG, MD, Willian	Montgomery
YANICKO JR, MD, Daniel R	Mercer
YANITY, MD, Eugene J	Montgomery
YANKURA, MD, John A	Allegheny
YANNACCONE, MD, Robert	Union
YANNI, ANTHONY J	Student
YANOFF, MD, David B	Lehigh
YANOFF, MD, Myron	Philadelphia
YANOFSKY, MD, Charles S	Dauphin
YANOSHAK, DO, Robert N	Luzerne
YANOVIAK, DO, Francis J	Union
YANOVIAK, MD, Pamela W	Montour
YANOVSKI, MD, A Vivian	Philadelphia
YANOVSKI, MD, Alexander G	Philadelphia
YANOVSKI, MD, Jack Adam	Philadelphia
YANUS, BARBARA J	Student
YAO, MD, Yvonne A	Allegheny
YAP, ENGLOK	Student
YAP, MD, Wen T	Montour
YARBORO, MD, Theodore L	Mercer
YARCZOWER, MD, Bret S	Luzerne
YARDLEY, MD, Trevor W	Cambria
YARDNEY, MD, Marc J	Delaware
YARNALL, DAVID C	Student
YARNALL, MD, G Winfield	Dauphin
YARNELL, MD, Thomas M	Luzerne
YAROS, MD, Mark F	Somerset
YAROSH, CHERYLON A	Student
YARRA, MD, Nirmala	Philadelphia
YARROW, MD, Morris W	Philadelphia
YARTZ, DO, Frank C	Montour
YASKIN, MD, Hyman E	Philadelphia
YASUI, MD, Robert S	Lycoming
YASWINSKI JR, MD, Peter T	Monroe
YATES, MD, Adolph J	Allegheny
YATES, MD, Anthony P	Allegheny
YATES, MD, James A	Dauphin
YATES, MD, William A	Cambria
YAVIL, DO, Jules S	Philadelphia
YAZDANFAR, MD, Shahriar	Philadelphia
YAZMAJIAN, MD, Dina R	Philadelphia
YEAGER, MD, Bradford A	Lehigh
YEAGER, MD, James P	Cumberland
YEAGLEY, MD, Heber E	Berks
YEAKEL, MD, Allen E	Lancaster
YEALY, MD, W Holmes	Lycoming
YEAMANS, MD, Bruce E	Lebanon
YEASTED, MD, G Alan	Allegheny
YEAW, MD, Scott C	Northampton
YEE, MD, Dana A	Beaver
YEISLEY, MD, Geary L	Lehigh
YELCICK, JOHN M	Student
YELLENIK, MD, Andrew C	Allegheny
YELOVICH, ANN-KATHRYN	Student
YEN, MD, C Yun	Northampton
YEN, MD, Conception T	Lehigh
YEOMAN, MD, Margaret P	Delaware
YERGER, MD, John F	Cambria
YETSCONISH, MD, Charles A	Allegheny
YEVITZ, MD, Michael G	Lackawanna
YEVITZ, MD, William J	Lackawanna
YIN, MD, Elaine	Philadelphia
YINGLING, MD, Bryan L	Lancaster
YINGLING, MD, Douglas B	Clearfield
YINGVORAPANT, MD, Somchao	Allegheny
YIP, MD, Luke C	Lehigh
YOCKEY, MD, Robert H	Armstrong
YOCUM, DO, Martin D	Lebanon
YODER, MD, Delbert L	Somerset
YODER, MD, Morris L	Delaware
YODER, MD, Stanley J	Centre
YOH, MD, Harold N	Berks
YOHE, MD, William C	York
YONAS, MD, Howard	Allegheny
YOO, MD, Ho Joon	Erie
YOO, MD, Hoon	Wayne/Pike
YOO, MD, Tai Y	Jefferson
YOO, MD, Young-Kul	Luzerne
YOON, MD, Chan	Lycoming
YOON, MD, Chung H	Philadelphia
YOON, MD, Donald D	Westmoreland
YOON, MD, Hee J	Bradford
YOON, MD, Myung S	Luzerne
YOST, MD, Charles S	Columbia
YOST, MD, Robert M	Montgomery
YOST JR, MD, Samuel A	Student
YOUKEY, MD, Jerry R	Montour
YOUNES, MD, Mamdouh S	York
YOUNG, MD, Adrienne M	Allegheny
YOUNG, MD, Cheng Dong	Allegheny
YOUNG, DO, David J	Bucks
YOUNG, MD, Elizabeth A	Allegheny
YOUNG, MD, Geraldine P	Philadelphia
YOUNG, MD, In Min	Montgomery
YOUNG, MD, Irving	Philadelphia
YOUNG, MD, J Michael	Lancaster
YOUNG, MD, James F	Lancaster
YOUNG, MD, Janet E	Philadelphia
YOUNG, MD, Jeffrey L	Philadelphia
YOUNG, MD, John J	Montgomery
YOUNG, MD, Joseph M	Westmoreland
YOUNG, MD, Linda L	Erie
YOUNG, MD, Muriel L	Philadelphia
YOUNG, MD, Nancy Anne	Philadelphia
YOUNG, DO, Steven M	Delaware
YOUNG, THOMAS A	Student
YOUNG, MD, Thomas E	Dauphin
YOUNG, DO, William E	Centre
YOUNG, MD, William W	Lancaster
YOUNG, MD, William W	Dauphin
YOUNG, MD, Willie Edward	Philadelphia
YOUNGBERG, MD, Russell E	Berks
YOUNGKIN, MD, James F	Columbia
YOUNGUE, MD, Eugene L	Allegheny
YOUNGWIRTH, MD, Lewis D	Bradford
YOUSHAW, MD, Dennis G	Blair
YOUSSEF, MD, Nawal A	Montgomery
YOW, MD, Michael V	Delaware
YOXTHEIMER, MD, Robert L	Chester
YSLA, MD, Roy G	York
YU, MD, Paul T	Northampton
YUCHA, MD, Thomas J	Dauphin
YUDIS, MD, Melvin	Montgomery
YUHAN, TIMOTHY C	Student
YUHAS, MD, Thomas R	Dauphin
YUKEVICH, MD, John P	Beaver
YUM, MD, Keuk Y	Delaware
YUMANG, MD, Norberto Y	Lawrence
YUMEN, MD, Omar	Montour
YUN, MD, Daniel D	Philadelphia
YUN, MD, Jae K	Erie
YUN, MD, Won K	Lebanon
YUNIS, MD, Jorge J	Philadelphia
YUSCHAK, MD, James V	Montgomery
YUSSEN, MD, Philip S	Philadelphia

Z

ZABALA-OMBAO, MD, Lourdes A	Bucks
ZABEL, DO, Christine M	Delaware
ZABETIAN, CYRUS P	Student
ZABLOTSKY, MD, Peter M	Butler
ZACCHEI, ANTHONY C	Student
ZACHIAN, MD, Victor A	Philadelphia
ZADEH, MD, Mehdi L	Erie
ZAEPFEL, MD, Joseph P	Lancaster
ZAGER, SCOTT L	Student
ZAGLAMA, MD, Nabil E	Fayette
ZAGURSKY, MD, Joyce A	Delaware
ZAHORCHAK, MD, Joseph A	Allegheny
ZAIDAN, MD, James G	Fayette
ZAITOON, MD, Mohammad M	Westmoreland
ZAKEOSIAN, MD, Garabet M	Delaware
ZAKHARY, MD, George S	Schuylkill
ZAKRZEWSKI, DO, Michael J	Montgomery
ZALATIMO, MD, Akram A	Luzerne
ZALE, MD, Anthony G	Lackawanna
ZALOGA, DO, Edward J	Lackawanna
ZAMBARANO, MD, Thomas J	Dauphin
ZAMBELLI JR, MD, George R	Beaver
ZAMBONI, MD, Anthony C	Allegheny
ZAMMERILLA, MD, Charles A	Fayette
ZAMOSTIEN, MD, Bernard B	Philadelphia
ZAMOSTIEN, MD, Paul S	Delaware
ZANELLA, DO, Stephen	Northampton
ZANGAGLIA, MD, Tanya D	Philadelphia
ZANGRILLI, MD, James G	Allegheny
ZANGWILL, MD, Donald P	Allegheny
ZANKMAN, MD, Nathan	Bucks
ZAPATA, MD, William A	Berks
ZAPP, MD, John J	Allegheny
ZAPPALA, DO, Angelo J	Bucks
ZARATE, MD, Maria Paz A	Greene
ZAREN, MD, Howard A	Philadelphia
ZARFOS, MD, Morgan L	York
ZARGE, MD, Joseph I	Philadelphia
ZARLENGO, RAYMOND P	Student
ZARNICK, MD, Philip D	Allegheny
ZARRELLI, STEPHEN G	Student
ZASIK JR, DO, Joseph M	Northampton
ZATUCHNI, MD, Jacob	Philadelphia
ZAVADAK, DANIEL G	Student
ZAVAHIR, MD, M Feizal	Blair
ZAVATSKY, ALBERT R	Student
ZAVOSKI, MD, Robert W	Washington
ZAYDON, MD, Anne C	Lackawanna
ZDUNEK, DO, Jay R	Beaver
ZEBRUN, MD, John M	Philadelphia
ZECCARDI, MD, Joseph A	Philadelphia
ZEE, MD, Mary K	Delaware
ZEGEL, MD, Harry G	Philadelphia
ZEGLEN, MD, Arthur F	Wayne/Pike
ZEGLEN, MD, Kurt T	Lackawanna
ZEHEL, MD, Wendell E	Allegheny
ZEHNER, MD, James M	Venango
ZEHNER, MD, Janet A	Venango
ZEHNER, MD, Luther R	Crawford
ZEHR, MD, Ralph D	Bradford
ZEIDMAN, MD, Joan H	Philadelphia
ZEIGEN, MD, Scott R	Montgomery
ZEIGLER, MD, David C	Centre
ZEIGLER JR, MD, Maurice L	Dauphin
ZEILER, MD, William B	Allegheny
ZEIT, MD, Robert M	Philadelphia
ZEITLIN, MD, Mark H	Erie
ZEITZER, MD, Kenneth L	Philadelphia
ZELAC, DANIEL E	Student
ZELECHOSKI, MD, David M	Clinton
ZELEN, MD, Randy S	Crawford
ZELENAK, MD, Mary E	Fayette
ZELENAK, DO, Robert R	Fayette
ZELENKOFSKE, DO, Steven L	Montgomery
ZELESNICK, MD, Gabriel	York
ZELEZNIK, MD, Miroslav	Westmoreland
ZELIGER, DO, Bernard I	Dauphin
ZELINSKY JR, JOSEPH J	Student
ZELITCH YANOVSKI, MD, Susan R	Philadelphia
ZELKOVIC, MD, Audrey A	Allegheny
ZELLEM, MD, Ronald T	Bradford
ZELLER, MD, Erwin R	Chester
ZELLER, MD, Harry R	Allegheny
ZELLER, MD, Robert G	Lycoming
ZELLEY, MD, Lee S	Montgomery
ZELLIS, DO, Joseph	Philadelphia
ZELNICK, MD, Eric B	Berks
ZELT, MD, Roger P	Allegheny
ZEMBLE, DO, Herbert A	Philadelphia
ZEMEL, MD, Reuben	Allegheny
ZEMEL, MD, Walter G	Bucks
ZEMO, MD, Peter L	York
ZENEL JR, MD, Joseph A	York
ZENGOTITA, MD, Hiram E	Dauphin
ZENKER, MD, Joanne S	Lackawanna
ZENOUZI, MD, Sirus	Bucks
ZERBE, MD, Grover F	Dauphin
ZERBONIA, DO, Angelo N	Erie
ZERBY, MD, Jeffrey C	Berks
ZERITSKY, MD, Samuel	Philadelphia
ZERN, JEFFRY T	Student
ZERNE, MD, G Edward	Chester
ZERNICH, DO, Gregg S	Beaver
ZERNICH, MD, Michael R	Beaver
ZERNICH, MD, Milas	Allegheny
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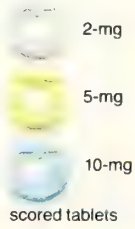

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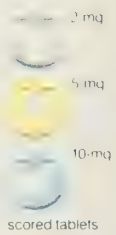

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VOLUME 93, NUMBER 9

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3

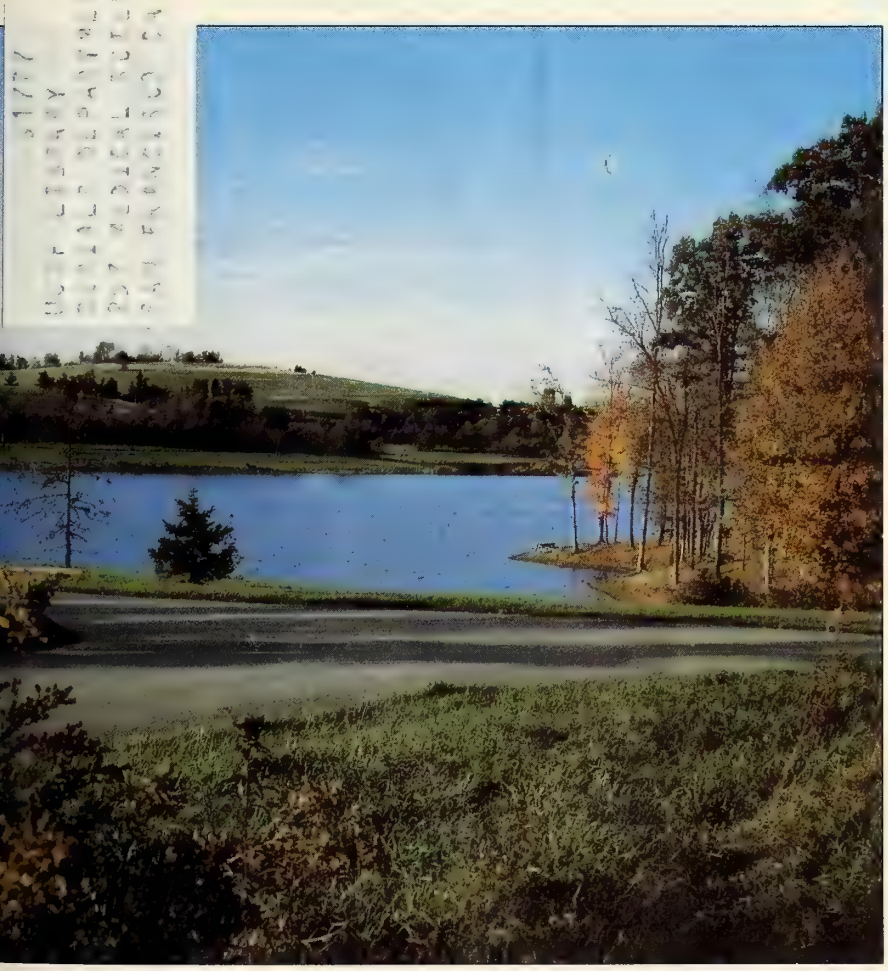
IN THIS ISSUE

26 *Capital commentary*
forging key contacts in Washington

36 *Medical Students' Insider*
student officers look to future

44 *La meme chose*
a county medical society story

52 *Approaching environmental medicine*
physicians face complex field



◀ *Dunlap Creek County Park, Fayette County, fall 1989. Also see inside cover.*

Photography by Phillip E. Reilly, MD

THE COVER

THE OLD LAKE ROAD

By Phillip E. Reilly, MD

Take me for a ride down the old Lake-Road.
Hitch up that young Swift Gray to the rattley buck-board, once again
Let old Sun warm my back right down into my toes;
Let the little pillows of dust roll around in the furrows behind us.
Let one Sweet Smell after another wrap us in Soft Memories:
Lilacs—dew drenched new-mown Hay—
New Saddle and Harness Leather—
Oven-Fresh Bread with Melting Butter—
Blackberry Cobbler, bubbly and steamy—
Elena—with a wreath of Forget-Me-Nots in her hair
(as if any fellow ever could).
It's like a West Virginia road, hardly anyone knows;
No one is really certain to where it eventually goes.
But this much is really sure—
There's not a gentle curve or a sharp bend that doesn't open up
Some vista—or—
To hazy memories lend—a blaze of light and warmth
and Recollections so fine as to make worthwhile all the
work and tears—every Sweetness-Sadness that have benchmarked all
these years.
Please hitch up that Swift Gray, pawing at the ground.
And,
Let's get going while the Sun climbs high
Or, if you insist. . .
Sit here a short while more and have another Round.
But—Please take me for a ride down the Old Lake-Road, once again!
It has another name—or a number—or maybe. . .an R.F.D.
I just cannot recall. . .
But then again, it doesn't really matter that much—
or even at all.
Around that Bend—a sunny, day-dreamer's back porch I remember
Creaky swing, lemonade and all;
Down that gully over there. . .that gurgle you hear
really is a Brook. . .
I know it well;
With blackberry bushes higher than your head, and berries. . .
bigger than your thumb
(I know where to find 'em, I'm not so dumb.)
That wide path—off-shooting on your right,
Looks like a wagon turn-around. It's not.
It dead-ends on four great, spreading Chestnut trees.
And you couldn't have pockets too many or big enough to stuff with
all that lies awaiting on the ground.
But it's a nice thought, they are so very good, you know.

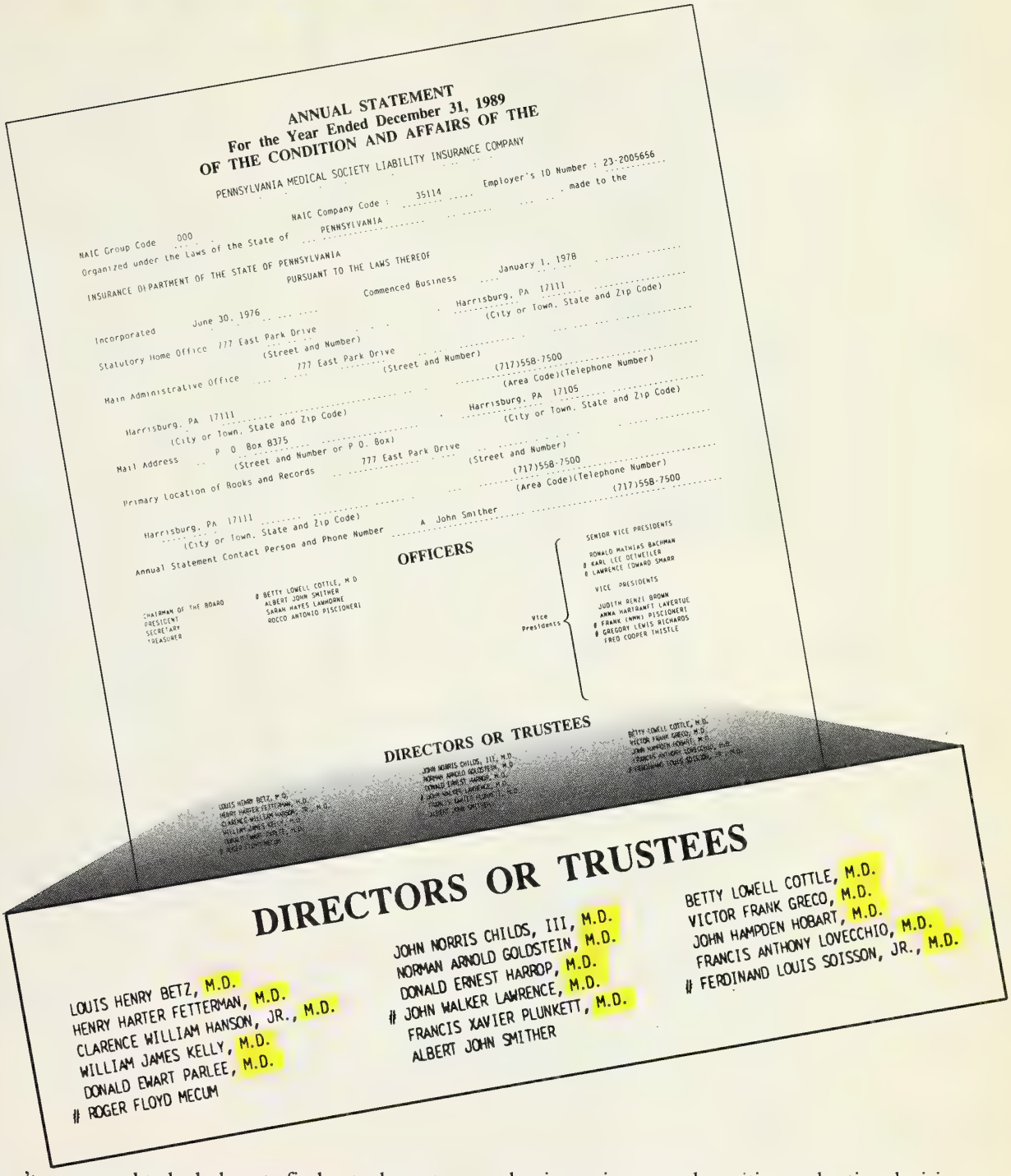
If only there were more time;
Better to move along.
There is so much to see and feel, and remember.

Can't we get started? The Swift Gray's getting awfully impatient.
Or—Is he really just some shifting Shadow in that silvery,
shimmering, Weeping Willow Tree over there?
For me, Things—at times—are somewhat dim.

Will I ever get out of this darn Wheel Chair?
Nurse! Is there any iced tea around this, this place?
Nurse! Call old Doc Corrado and ask if I can have a cigar today.
Nurse! Never Mind. . .

The author and cover photographer is a family and emergency medicine physician in Uniontown, and is the Coroner of Fayette County.

Check our fine print.



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For the Year Ended December 31, 1989
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NAIC Group Code 000

Organized under the Laws of the State of PENNSYLVANIA made to the

INSURANCE DEPARTMENT OF THE STATE OF PENNSYLVANIA PURSUANT TO THE LAWS THEREOF

Incorporated June 30, 1976 Commenced Business January 1, 1978

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TABLE OF CONTENTS

NEWSFRONTS

6 Medigram—*late news at press time*
12 AMA delegates tackle record number of issues—*Annual meeting actions summarized*
14 Balance billing law effective September 8—*outlines impact on physicians*
14 Health Care Data Bank brochure available—*describes rules, procedures*
16 State internal medicine society elects officers—*Dubois physician new president*
18 New CEO takes helm at Keystone Peer Review—*DiNardi here from Virginia*
18 New otolaryngology society names leaders—*Louis D. Lowry, MD, president*
18 New ophthalmology society elects leaders—*Winston M. Bryant Jr., MD, president*
20 Dr. Heydt new head at Geisinger—*joined Geisinger system in 1973*
22 PMSLIC reports claims statistics—*semi-annual report*

EDITORIAL

8 Physicians can meet the needs of medical schools—*reminder from Humanity Gifts Registry*

PRESIDENT'S PAGE

10 House Bill 700: another entitlement—J. Joseph Danyo—*benefit programs lead to bankruptcy*

CAPITAL COMMENTARY

26 Forging medicine's key contacts in Washington—Elaine Herrmann —*physicians organize legislative liaison force*

FINANCIAL MANAGEMENT

29 Insurance nightmare—John V. Miles—*introduction by Matthew Marshall Jr., MD*

CORRESPONDENCE

30 Generic drug safety challenged—Gordon K. MacLeod—*urges FDA reexamine testing approach*
32 Trustee praises Pittsburgh reporter—Walter M. Greissinger—*fair handling of H.B. 700*
32 President's messages draw support for goals—Raymond A. Capone—*strong voice commended*
32 Writer urges change in auto insurance stand—A. Van Strien—*questions Society's action*

MEDICAL STUDENTS' INSIDER

36 Student officers look to future—John J. Whyte, James Wurzer, John Kirchner—*invitation to involvement*
36 Medical Student Section—John J. Whyte—*overview, outline*
37 A step up the mountain—Marica Pook—*dealing with patients' deaths*

PMS PROFILE

44 La Meme Chose—David L. Miller—*a county medical society story*

MEDICAL FEATURE

48 Trends in Philadelphia lung cancer rates—William Weiss—*report of a decade-long study*
52 Approaching environmental medicine—Bruce W. Case—*difficulties faced by physicians in complex field*

KEPRO REPORT

61 Medical affairs division most visible—Donald E. Harrop—*explanation of operation*

SPECIAL FEATURE

62 Can safety belt laws be justified? —Michael R. Rhodes, Michael Rhodes—*an exercise in logic*

PRACTICE MANAGEMENT

66 Keep income division plan up to date—The Health Care Group—*deciding factor in continuation of group practice*

DEPARTMENTS

33 Physicians in the news
38 New members
42 Obituaries
56 Classified advertising
58 Advertisers' index

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with once-a-night h.s. therapy for active duodenal ulcers

Zantac® 300

ranitidine HCl/Glaxo 300 mg tablets

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See adjacent page for Brief Summary of Product Information.

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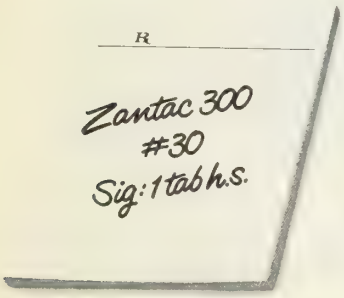

Zantac® 150 Tablets
(ranitidine hydrochloride)
Zantac® 300 Tablets
(ranitidine hydrochloride)
Zantac® Syrup
(ranitidine hydrochloride)

BRIEF SUMMARY

The following is a brief summary only. Before prescribing, see complete prescribing information in Zantac® product labeling

INDICATIONS AND USAGE: Zantac® is indicated in

1. Short-term treatment of **active duodenal ulcer.** Most patients heal within four weeks
2. **Maintenance therapy** for duodenal ulcer patients at reduced dosage after healing of acute ulcers
3. The treatment of **pathological hypersecretory conditions** (eg,Zollinger-Ellison syndrome and systemic mastocytosis)
4. Short-term treatment of **active, benign gastric ulcer.** Most patients heal within six weeks and the usefulness of further treatment has not been demonstrated
5. Treatment of **gastroesophageal reflux disease (GERD).** Symptomatic relief commonly occurs within one or two weeks after starting therapy Therapy for longer than six weeks has not been studied

In active duodenal ulcer; active, benign gastric ulcer; hypersecretory states, and GERD, concomitant antacids should be given as needed for relief of pain

CONTRAINDICATIONS: Zantac® is contraindicated for patients known to have hypersensitivity to the drug

PRECAUTIONS: General: 1. Symptomatic response to Zantac® therapy does not preclude the presence of gastric malignancy

2. Since Zantac is excreted primarily by the kidney, dosage should be adjusted in patients with impaired renal function (see DOSAGE AND ADMINISTRATION). Caution should be observed in patients with hepatic dysfunction since Zantac is metabolized in the liver

Laboratory Tests: False-positive tests for urine protein with Multistix® may occur during Zantac therapy, and therefore testing with sulfosalicylic acid is recommended

Drug Interactions: Although Zantac has been reported to bind weakly to cytochrome P-450 *in vitro*, recommended doses of the drug do not inhibit the action of the cytochrome P-450-linked oxygenase enzymes in the liver However, there have been isolated reports of drug interactions that suggest that Zantac may affect the bioavailability of certain drugs by some mechanism as yet unidentified (eg, a pH-dependent effect on absorption or a change in volume of distribution)

Carcinogenesis, Mutagenesis, Impairment of Fertility: There was no indication of tumorigenic or carcinogenic effects in lifespan studies in mice and rats at doses up to 2,000 mg/kg/d

Ranitidine was not mutagenic in standard bacterial tests (*Salmonella, Escherichia coli*) for mutagenicity at concentrations up to the maximum recommended for these assays

In a dominant lethal assay, a single oral dose of 1,000 mg/kg to male rats was without effect on the outcome of two matings per week for the next nine weeks

Pregnancy: ***Teratogenic Effects: Pregnancy Category B:*** Reproduction studies have been performed in rats and rabbits at doses up to 160 times the human dose and have revealed no evidence of impaired fertility or harm to the fetus due to Zantac There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed

Nursing Mothers: Zantac is secreted in human milk. Caution should be exercised when Zantac is administered to a nursing mother

Pediatric Use: Safety and effectiveness in children have not been established

Use in Elderly Patients: Ulcer healing rates in elderly patients (65 to 82 years of age) were no different from those in younger age groups. The incidence rates for adverse events and laboratory abnormalities were also not different from those seen in other age groups

ADVERSE REACTIONS: The following have been reported as events in clinical trials or in the routine management of patients treated with Zantac® The relationship to Zantac therapy has been unclear in many cases. Headache, sometimes severe, seems to be related to Zantac administration

Central Nervous System: Rarely, malaise, dizziness, somnolence, insomnia, and vertigo. Rare cases of reversible mental confusion, agitation, depression, and hallucinations have been reported, predominantly in severely ill elderly patients Rare cases of reversible blurred vision suggestive of a change in accommodation have been reported

Cardiovascular: As with other H_2-blockers, rare reports of arrhythmias such as tachycardia, bradycardia, atrioventricular block, and premature ventricular beats.

Gastrointestinal: Constipation, diarrhea, nausea/vomiting, abdominal discomfort/pain, and rare reports of pancreatitis

Hepatic: In normal volunteers, SGPT values were increased to at least twice the pretreatment levels in 6 of 12 subjects receiving 100 mg qid

Zantac® 150 and 300 (ranitidine hydrochloride) Tablets
Zantac® (ranitidine hydrochloride) Syrup

intravenously for seven days, and in 4 of 24 subjects receiving 50 mg qid intravenously for five days With oral administration there have been occasional reports of hepatitis, hepatocellular or hepatocanalicular or mixed, with or without jaundice These were usually reversible.

Musculoskeletal: Rare reports of arthralgias

Hematologic: Blood count changes (leukopenia, granulocytopenia, thrombocytopenia) have occurred in a few patients. These were usually reversible. Rare cases of agranulocytosis, pancytopenia, sometimes with marrow hypoplasia, and aplastic anemia have been reported.

Endocrine: Controlled studies in animals and man have shown no stimulation of any pituitary hormone by Zantac and no antiandrogenic activity, and cimetidine-induced gynecomastia and impotence in hypersecretory patients have resolved when Zantac has been substituted However, occasional cases of gynecomastia, impotence, and loss of libido have been reported in male patients receiving Zantac, but the incidence did not differ from that in the general population

Integumentary: Rash, including rare cases suggestive of mild erythema multiforme, and, rarely, alopecia

Other: Rare cases of hypersensitivity reactions (eg, bronchospasm, fever, rash, eosinophilia), anaphylaxis, angioneurotic edema, and small increases in serum creatinine

OVERDOSAGE: Information concerning possible overdosage and its treatment appears in the full prescribing information.

DOSAGE AND ADMINISTRATION: (See complete prescribing information in Zantac® product labeling)

Active Duodenal Ulcer: The current recommended adult oral dosage is 150 mg or 10 ml (2 teaspoonfuls equivalent to 150 mg of ranitidine) twice daily An alternate dosage of 300 mg or 20 ml (4 teaspoonfuls equivalent to 300 mg of ranitidine) once daily at bedtime can be used for patients in whom dosing convenience is important The advantages of one treatment regimen compared to the other in a particular patient population have yet to be demonstrated

Maintenance Therapy: The current recommended adult oral dosage is 150 mg or 10 ml (2 teaspoonfuls equivalent to 150 mg of ranitidine) at bedtime

Pathological Hypersecretory Conditions (such as Zollinger-Ellison syndrome): The current recommended adult oral dosage is 150 mg or 10 ml (2 teaspoonfuls equivalent to 150 mg of ranitidine) twice a day. In some patients it may be necessary to administer Zantac® 150-mg doses more frequently Doses should be adjusted to individual patient needs, and should continue as long as clinically indicated. Doses up to 6 g/d have been employed in patients with severe disease

Benign Gastric Ulcer: The current recommended adult oral dosage is 150 mg or 10 ml (2 teaspoonfuls equivalent to 150 mg of ranitidine) twice a day.

GERD: The current recommended adult oral dosage is 150 mg or 10 ml (2 teaspoonfuls equivalent to 150 mg of ranitidine) twice a day

Dosage Adjustment for Patients with Impaired Renal Function: On the basis of experience with a group of subjects with severely impaired renal function treated with Zantac, the recommended dosage in patients with a creatinine clearance less than 50 ml/min is 150 mg or 10 ml (equivalent to 150 mg of ranitidine) every 24 hours. Should the patient's condition require, the frequency of dosing may be increased to every 12 hours or even further with caution. Hemodialysis reduces the level of circulating ranitidine. Ideally, the dosage schedule should be adjusted so that the timing of a scheduled dose coincides with the end of hemodialysis

HOW SUPPLIED: Zantac® 300 Tablets (ranitidine hydrochloride equivalent to 300 mg of ranitidine) are yellow, capsule-shaped tablets embossed with "ZANTAC 300" on one side and "Glaxo" on the other. They are available in bottles of 30 (NDC 0173-0393-40) tablets and unit dose packs of 100 (NDC 0173-0393-47) tablets

Zantac® 150 Tablets (ranitidine hydrochloride equivalent to 150 mg of ranitidine) are white tablets embossed with "ZANTAC 150" on one side and "Glaxo" on the other. They are available in bottles of 60 (NDC 0173-0344-42) and 100 (NDC 0173-0344-09) tablets and unit dose packs of 100 (NDC 0173-0344-47) tablets.

Store between 15° and 30° C (59° and 86° F) in a dry place. Protect from light. Replace cap securely after each opening.

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MEDIGRAM

SOCIETY CHALLENGES MEDICARE FEE BILL

The State Society joined the AMA in challenging the state's recently enacted Medicare Fee Control Act (Act 90-81). The suit, filed August 4, 1990 in Federal Court, Western District of Pennsylvania, asks that Act 90-81 be declared invalid and seeks a permanent injunction against enforcement. Joining PMS and AMA as litigants in the suit are Robert N. Moyers, MD, and the Crawford County Medical Society. For details see the related article on page 14 of this issue.

HOUSE OF DELEGATES MEETS IN HERSHEY

The Society's House of Delegates will meet Friday, October 19 through Sunday, October 21 at the Hershey Lodge and Convention Center, Hershey. Resolutions for consideration by the PMS House are due September 19. Reference committee hearings on House business will be held Friday afternoon, October 19, including a special reference committee meeting to discuss the Society's communications plan. On Saturday evening, Gordon K. MacLeod, MD, Pittsburgh, will be inaugurated as the Society's 141st president.

SOCIETY'S SPECIAL SECTIONS HOLD OCTOBER MEETINGS

In conjunction with the PMS House of Delegates meeting, the special sections of the Society will meet at the Hershey Lodge and Convention Center at the following times: Hospital Medical Staff Section–Thursday, October 19, 9 a.m. to 12:30 p.m.; Young Physicians Section–Thursday, October 18, 8:15 a.m. to 3 p.m.; Resident Physician Section–Friday evening, October 19; and Medical Student Section–Thursday, October 18. Call 1-800-228-7823 for further information on section meetings.

AMA AND ABA TEAM UP TO FIGHT DRUGS

The AMA and the American Bar Association have joined to educate young people about the dangers of drug abuse. Both associations are making a national commitment to a project to encourage teams of physicians and attorneys to address students and discourage them from using alcohol and other drugs. Members of the Pennsylvania Bar Association's Young Lawyers Division and the PMS Young Physicians Section are teaming up in pairs to make classroom presentations, the first project of the newly formed Young Lawyer-Doctor Medicolegal Committee, formed to carry out joint public service projects of the two professions.

MEDICAL BOARD PROPOSES $80 REGISTRATION FEE

The State Board of Medicine proposed on August 4 a biennial registration fee for medical doctors of $80. If the proposal becomes final, the increase will appear in the billing to be mailed by the board of medicine in late October. The previous fee was $25. Proposed application fees for graduates of unaccredited medical colleges for a license without restriction show an increase from $20 to $80. The proposal would increase the application for a graduate license from $15 to $80.

SOCIETY'S HIGHEST HONOR GOES TO DR. BLUEMLE

Lewis W. Bluemle Jr., MD, retired president of Thomas Jefferson University, will receive the State Society's Distinguished Service Award, to be presented during the House of Delegates meeting in October. The award has been bestowed only 13 times in the Society's history. Recipients include Jonas E. Salk, MD, John H. Gibbon Jr., MD, Eugene P. Pendergrass, MD, and Russell B. Roth, MD.

NEW INDIGENT CARE BILL INTRODUCED IN HOUSE

House Bill 2803, extending health services to uninsured Pennsylvanians, was proposed by Representative Allen Kukovich of Westmoreland County just before the legislature recessed for summer. Titled the "The Health Care Partnership Act," it would require employers, insurers, and hospitals to share in the cost of implementing the program, with special emphasis on primary and preventive care. The act would establish a Health Care Fund to provide inpatient hospital care for the uninsured through Medicaid expansion. A children's health care plan, based on the Caring Program for Children now administered by Blue Cross/Blue Shield of Western Pennsylvania, would be developed, along with a primary health care insurance plan for adults.

Thomas Scott
Bertholon-Rowland
Account Executive

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EDITORIAL

PHYSICIANS CAN MEET NEEDS OF MEDICAL SCHOOLS

As the school semester begins, the classrooms of Pennsylvania's eight medical schools are again filling with top students from around the state and the nation. Medical education continues to thrive in our Commonwealth.

We've grown accustomed to our rich heritage in the number and health of these institutions. While some states have only two or three medical schools, we have eight such institutions within state boundaries. They enjoy physicians' support in alumni giving, and public support and recognition for their many contributions to patient care and advancement of medical science.

But in one vital area of need, they are sometimes overlooked. Physicians and the public need to continue to support the donation of bodies for use in medical education. Our state's strength in medical education also means that Pennsylvania medical schools have a stronger need for this vital program assistance.

Physicians can help a great deal simply by providing patients with information. Patients need to be aware of the Humanity Gifts Registry, the non-profit agency of the Commonwealth concerned primarily with the receipt and distribution of bodies donated to medical education and science. Donor cards and information are available from the Registry to be kept on hand by physicians who receive patient inquiries.

While the Registry keeps approximately 50,000 donor cards on file at any given time, the Commonwealth's medical schools routinely place educational and scientific projects on hold due to the unavailability of sufficient numbers of subjects. The Registry currently coordinates the use of approximately 500 bodies per year.

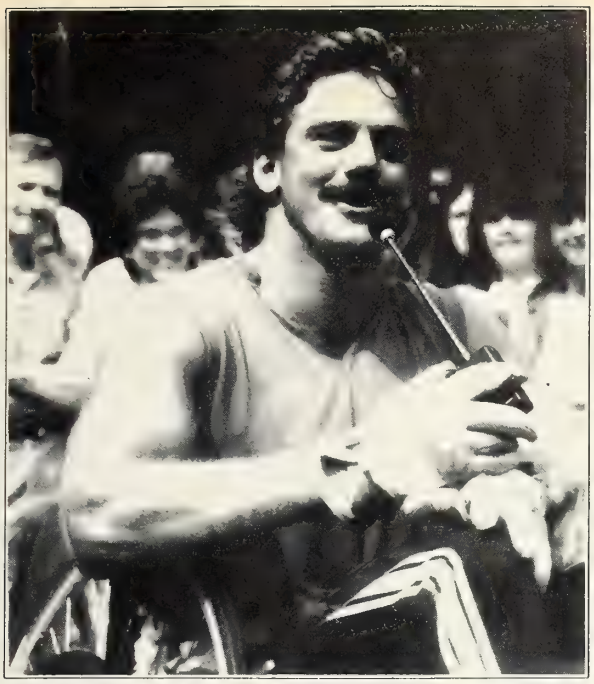
The procedure for use of the Registry is a carefully coordinated alternative. Patients register by completing a donor card indicating their intention to donate their body at time of death. Donors are advised to discuss their wishes with family and friends and to include their wishes when wills are prepared.

At the time of death, the donor card instructs next of kin to call the Registry, which makes arrangements for transportation of the body, gathering of medical records, and medical evaluation of the acceptability of the body for Registry use.

Registry representatives always speak to the family, and acquiesce to family wishes concerning donation, even though the donor registry is a legal document. "We try to be helpful during this time of loss for the family; part of our job is to help make this time as untraumatic as possible," says Cheryl Blumenthal, program coordinator of public education for the Registry. She is confident that the public will help if the medical schools' urgent needs for donations to the Registry are made known.

Each spring, medical students and faculty gather with family members representing those whose bodies were donated to the medical schools, for an inter-faith memorial service. The message written by students for one of this year's services extends to physicians and their patients as well: "We know that they saw in their own passing an opportunity to educate a future physician. And in seeing so far beyond themselves, they not only gave special meaning to their lives, but to ours as well."

For more information and free materials, contact: Humanity Gifts Registry, 130 S. 9th Street, Suite 1550, Philadelphia, PA, 19107, or call (215)-922-4440.



Mike King

"When we told Mike we vould check his progress, he said we would have to catch up with him first."

Dr. Edwards P. Schwentker, Medical Director
University Hospital Rehabilitation Center

Traveling 5,600 miles cross-country was a personal tory for wheelchair athlete Mike King. And for our nal cord injury treatment team, his special home-ning visit was a professional victory for us all. We're ud to have started Mike on the road to successful abilitation.

At University Hospital Rehabilitation nter, we have helped hundreds of ividuals like Mike who face the physi- and emotional challenges of spinal d injury. In fact, over 70% of our ients return to school or work within a year of their injury. And our affiliation with Hershey Medical Center, the area's only designated Level I regional resource trauma center, enables us to provide a full spectrum of acute care, rehabilitation, and lifetime follow-up for SCI patients.

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Ours is a lifetime commitment. As with Mike, we follow our spinal cord injury patients closely—whereve their progress leads them.

To receive a complimentary copy of our emergency care chart and program brochure, or to inquir about a referral, please call or write to: Lori Benner, Spinal Cord Injury Program Manager . (717) 367-1161, ext. 225.

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PRESIDENT'S PAGE

HOUSE BILL 700: ANOTHER ENTITLEMENT

J. Joseph Danyo, MD

The Pennsylvania Medical Society and the American Medical Association have filed suit in Federal Court challenging the Pennsylvania Health Care Practitioners' Medicare Fee Control Act. The law prohibits physicians and other practitioners from billing Medicare patients for more than Medicare's "reasonable charge." Opposing this legislation was one of the Society's highest priorities for more than three years. Introduced as HB 700, the law began life as the "Medicare Overcharge Measure" or MOM, and was signed by the governor under its new, more appropriate name in mid-July.

Your Society leaders have persistently criticized this legislation. Besides its immediate and obvious problems for physicians, the law represents a dangerous trend in attitudes toward government benefits for the elderly: that everyone has a "right" to them at a price the government says is right, regardless of what its real costs are, and at the expense of working taxpayers.

In effect, HB 700 imposes on an already-struggling federal program a new state-mandated entitlement for elderly Pennsylvanians. It takes away physicians' traditional discretion in discounting or waiving payment for low-income older patients while asking those who are able to pay to contribute their fair share.

During Senate deliberations, when it became clear that we could not stop the political steamroller behind the bill, PMS sought to add a means test. But, its supporters' power being what it is, no such amendment could have succeeded, and no politician was willing to offer it.

So, once again, we have a wrong solution to a perceived problem. If the problem is that low-income elderly can't afford health care, the solution is to help *those* people. The State Society has suggested ways to do this, most recently through our proposal for statewide indigent care, developed with the Pennsylvania Osteopathic Medical Association and the Hospital Association of Pennsylvania, and through our Project Pennsylvania, which will use volunteer retired physicians to care for the indigent, beginning this fall if all goes well. The Society is also drafting indigent care legislation.

The government cannot continue to expand entitlement benefits without means tests. With our aging population, if such programs continue to grow we're headed for more serious trouble than ever. As the *Atlantic Monthly* reported a few years ago, during the 1980s "nearly all the painful and high-visibility [benefits] cuts have been made in the 15 percent of all benefit programs that are means-tested. One result is that means-tested benefits have hardly grown at all as a share of GNP during the 1980s. . . .Meanwhile, the tremendous non-means-tested programs—protected by powerful middle-class lobbies and automatic 100-percent-of-CPI [consumer price index] indexing—have burgeoned."

The article noted that "over the past generation federal benefits have grown roughly twice as fast as our economy." It reported that over half, or 56 percent, of all federal benefits were at that time (1987) going to the 12 percent of our population aged 65 and over.

Over the next 50 years, it said, our working-age population is projected to grow by 2 to 18 percent, while our elderly population will grow by 139 to 165 percent.

Admittedly, HB 700 is only state legislation, not national, and it will probably be rendered moot by Medicare's relative value scale starting in 1992. Even so, if the thinking represented by HB 700 becomes the norm nationally, it will accelerate the bankruptcy of federal benefits programs.

The distortions and disincentives created by "MOM" are all negative. Pennsylvania citizens have all been mugged by election-minded politicians.

We must help the needy elderly in a fair and appropriate manner, one that the nation can afford. It is neither fair nor realistic to expect doctors and the rest of the working population to pay for increasing benefits for a growing retired population, many of whom are far from impoverished.

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AMA DELEGATES TACKLE RECORD NUMBER OF ISSUES

Conducting the heaviest volume of business in its history, the AMA House of Delegates at the 1990 AMA Annual Meeting addressed a broad range of issues in socioeconomics, science, ethics, and governance of the association. During the Chicago meeting, the 436 seated delegates considered 295 resolutions and 110 reports, and elected officers, trustees, and council members.

Health Access America

Incoming AMA President C. John Tupper, MD, told annual meeting attendees that Health Access America, the AMA's plan to strengthen the American health care system, is "simply a broadening of the American Dream." He said additional financial resources are needed for Medicare and Medicaid, and called on President Bush to realize this need and to provide care for all uninsured and underinsured. The AMA Delegates encouraged state and specialty society endorsement and support of the plan, and called for dissemination of the program at local grassroots level.

Medical ethics

Another major area of discussion concerned a Council on Ethical and Judical Affairs report on fundamental elements of the patient-physician relationship. Adopted by the AMA House, the report cited six areas of fundamental rights of patients in their relationships with physicians. These include the patient's right to: receive information from physicians and to discuss the benefits, risks, and costs of appropriate treatment alternatives; make decisions regarding health care recommended by the physician; physician confidentiality; continuity of health care; and availability of adequate health care.

Employer insurance

The AMA Board of Trustees presented

John J. Ring, MD, (left) chairman of the AMA Board of Trustees, addressed the Pennsylvania delegation during this year's AMA Annual Meeting. Standing at right is the chairman of the Pennsylania delegation, Joseph N. Demko, MD, Dunmore.

a basic package of benefits for the required employer insurance program which was more fully discussed in a previous report that addressed coverage for the uninsured.

The Board believes that enactment of any program requiring employer coverage should not create insurmountable financial obligations for small employers, and that the medical profession must be involved in the final process of determining benefits.

Medicare payment

The House of Delegates considered four resolutions regarding the new Medicare physician payment system that addressed issues of geographic disparity and other economic considerations.

Among numerous items, the adopted resolution calls on the AMA to: give continued highest priority to elimination of geographic variations in Medicare payment that do not reflect demonstrable variations in practice overhead or professional liability costs; continue to support and work to establish in the 1990 Budget Reconciliation Act a floor on 1991 Medicare payments for physician services at 80 percent of the national average prevailing charge; work vigorously to ensure that the RBRVS-based Medicare payment system is implemented in a manner that reflects appropriate economic considerations.

Anti-hassle bill

The AMA House endorsed the "anti-hassle bill" introduced by one of the two physicians in Congress, Representative J. Roy Rowland, MD, (D-Ga.). The anti-hassle bill would require the Health Care Financing Administration to release the screens and parameters it uses to review utilization, determine benefits, allow medical societies to appeal inappropriate denials on behalf of a class of physicians, establish a physician advisory group to review new Medicare administrative requirements, prohibit Medicare carriers from charging physicians for information needed to comply with Medicare regulations, and allow physicians to bill on behalf of a covering physician.

In addition, the AMA vowed to remove ineffective and inefficient medical review practices and provide direct assistance to physicians and medical societies encountering problems with utilization reviewers.

RU-486 availability

The delegates stated their support for legal availability for appropriate research and clinical practice of RU-486, an antiprogesterone also known as mifepristone, the widely publicized, French-manufactured "abortion pill."

Animals in research

The delegates unanimously adopted a resolution calling for AMA support of appropriate and humane use of animals in research, also calling for organized medicine to take the offensive against animal rights activists.

The delegates asked that community outreach share this view with the public, emphasizing that the continued use of animals is critical for the development of new and more effective medical treatments of disease. Assistance to researchers who have been harrassed by animal activist groups and AMA information gathering on such incidents were recommended.

Therapeutic substitution

After hearing substantial opposition to therapeutic substitution, the House of Delegates opposed the establishment of federal or state systems premised on therapeutic interchangeability of outpatient prescription drugs and formularies. Such a system would inevitably interfere with the ability of the patient's physician to assure that the medication prescribed is dispensed to the patient, the delegates said.

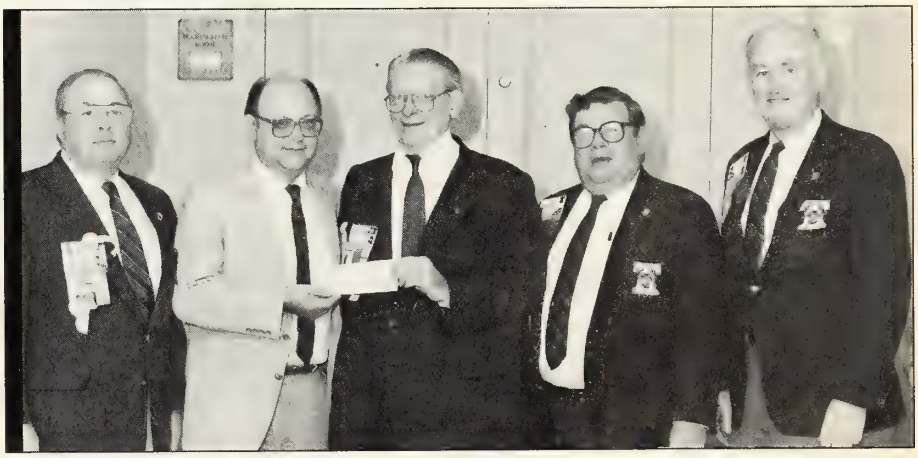
The delegates also encouraged the states to pass anti-substitution legislation, and advocated physician and public education on the dangers of therapeutic substitution.

Data Bank

While continuing to monitor the development and operation of the National Practitioner Data Bank, the AMA will request that physicians be notified of adverse data bank entries with verification of receipt by the physician. The AMA will also notify its members of AMA resources to assist individual physicians having difficulties with the data bank.

Lab rules protested

The delegates resolved to encourage all federation members to oppose the



During the AMA Annual Meeting, State Society representatives were presented a check reimbursing 1990 dues variations as a result of unification. From left to right are Joseph N. Demko, MD, chairman of the Pennsylvania delegation; J. Joseph Danyo, MD, State Society president; John J. Ring, MD, AMA Board chairman; John H. Hobart, MD, State Society Board vice chairman; and Gordon K. MacLeod, MD, State Society president-elect.

current version of clincial laboratory regulations required by the Clinical Lab Improvement Amendment of 1988. The requlations were published in the *Federal Register* in May and have been critized as prohibitively expensive to rural hospitals and physicians' office laboratories. The rules will not only adversely effect access to care, but will aso raise lab test fees.

Pennsylvania resolutions

The AMA House adopted in principle five resolutions presented by the Pennsylvania delegation. These concerned strengthening the American Medical Political Action Committee (AMPAC) membership and supporting physician candidates for office; seeking ways for physicians to successfully oppose payers' adverse policies; seeking change or repeal of the federal False Claims Act to reduce physicians' vulnerability to technical violations; working to keep the concept of comparability (paying the lower of the Medicare fee or the carrier's private business fee) out of Medicare's relative value scale; and developing uniform policies among Medicare carriers.

Also presented by the PMS delagation, but referred to the AMA Board, were resolutions asking the AMA to study using "accelerated" life insurance benefits to pay terminal illness costs, and to replace the Medicare terms "participating/nonparticipating" (physician) with "contracted/noncontracted."

State honors

The AMA House of Delegates gave member recruitment awards to two Pennsylvania delegates, Doris G. Bartuska, MD, Philadelphia, and William H. Mahood, MD, Abington.

During the Annual Assembly Meeting of the American Medical Association Hospital Medical Staff Section, also held in June, PMS Trustee Lee H. McCormick, MD, Pittsburgh, was elected to the AMA-HMSS Governing Council. Dr. McCormick represents hospital medical staffs on the PMS Board of Trustees.

BALANCE BILLING LAW EFFECTIVE SEPTEMBER 8

On July 10, 1990 Governor Casey signed into law Act 90-81, the "Health Care Practitioner Medicare Fee Control Act." Prior to passage, the Act was known as H.B. 700 and was often referred to by the acronym "MOM" as a result of a similar proposal introduced in the previous legislative session, entitled the "Medicare Overcharge Measure." The Act takes effect on September 8, 1990.

As its name suggests, the Act caps the reimbursement for treatment rendered to a Medicare beneficiary by a physician or other health care practitioner. In particular, it prohibits health care practitioners and their employers from "balance billing" a Medicare beneficiary. The Act defines balance billing as "charg[ing] or collect[ing]" more than the "reasonable charge," as determined by the Secretary of Health and Human Services.

The Act further requires health care practitioners who treat Medicare beneficiaries to post a sign which states the rights of Medicare beneficiaries under the Act, identifies the Department of State as the appropriate state agency to receive complaints, and provides the address and phone number of the Department. The Act directs the Bureau of Professional and Occupational Affairs in the Department to compose, print and distribute the sign to health care practitioners who treat Medicare beneficiaries.

Health care practitioners who treat Medicare beneficiaries whose primary language skill is in a language other than English have an additional obligation. The Act requires them to notify the Bureau of Professional and Occupational Affairs which, in turn, is required under the Act to furnish a sign in the appropriate language. Although the Act takes effect September 8, a practitioner presumably need not post any sign until one is provided by the Bureau.

The licensing boards are charged with the responsibility of enforcing the balance billing prohibition. In the event a practitioner violates the balance billing prohibition, he can be publicly reprimanded, ordered to repay the victim the amount of excess payments received, plus interest on that amount at the maximum legal rate from the date the excess payment was made until the date repayment is made, and in the case of a practitioner who violates the prohibition more than once, fined.

The fines the licensing boards may levy are: for the second violation, $2,000; for the third violation, $5,000; and for the fourth or subsequent violation, $1,000 more than the last fine imposed. Prior to passage, the Act was amended to state explicitly that no penalty imposed under the Act may be considered cause to withhold, suspend, or revoke the license of a health care practitioner. The Act does not explicitly address the potential penalties for failing to post a required sign.

The Act raises a number of questions due to its overly simplistic pronouncements and the legislature's apparent lack of understanding of the Medicare reimbursement system. The Society is attempting to obtain answers to those questions and plans further communications to members on the subject. In the meantime, members with questions can contact the Council on Medical Economics staff at 1-800-228-7823. The Council staff will provide answers based on the information available.

HEALTH CARE DATA BANK BROCHURE NOW AVAILABLE

An informational brochure explaining the affect of the National Practitioner Data Bank on practicing physicians is available from the State Society. The data bank, which began operation September 1, will collect and disseminate adverse information about licenses and privileges of physicians and other health care practitioners.

The brochure describes how the data bank operates, clarifies reporting and querying requirements of importance to physicians, and includes information on how physicians may dispute information reported to the data bank.

A toll-free Data Bank Help Line, 1-800-767-6732, is available to assist hospitals, insurance companies, and other health care organizations and practitioners with questions. Information is available on filing complete and accurate medical malpractice payment and adverse action reports, requesting data bank information, and on complying with federal regulations and data bank policies and procedures.

Copies of the State Society's National Practitioner Data Bank brochure are

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STATE INTERNAL MEDICINE SOCIETY ELECTS OFFICERS

The Pennsylvania Society of Internal Medicine (PSIM) elected Howard Fugate Jr., MD, of DuBois, to succeed Anthony P. Turel Jr., MD, a Danville neurologist, as PSIM president. Dr. Fugate is a specialist in non-invasive cardiovascular disease. Other new officers are President-Elect John H. Moyer, MD, Palmyra; Treasurer Raymond Gaspari, MD, York; and Secretary Jaan Siderov, MD, Danville.

Dr. Moyer, a specialist in cardiovascular disease and hypertension, is a professor at Temple University School of Medicine and clinical professor at Pennsylvania State University College of Medicine at Hershey.

Dr. Gaspari, a geriatrics specialist, will serve his second term. A general internal medicine specialist, Dr. Siderov has been a PSIM member for four years.

Dr. Fugate was president-elect of PSIM in 1989 and program director of the 1990 PSIM Annual Meeting. He represented Pennsylvania internists at the 1989 Annual Meeting of the American Society of Internal Medicine.

EDUCATIONAL TRUST INVESTS ONLY IN HEALTH

At its June meeting, the Board of Trustees of the Pennsylvania Medical Society Educational and Scientific Trust established a new public-health-oriented policy for the more than $1.2 million in investment funds held by the Trust.

The trustees instructed investment counselors for the Trust that none of the moneys are to be invested in companies engaged in the production of tobacco or alcohol related products. "Evidence continues to accumulate," said Abram M. Hostetter, MD, chairman of the Trust, "on the monstrous toll smoking inflicts on the health of Americans. . . Clearly it is inappropriate for Trust money to support tobacco related businesses. Similarly, the abuse of alcohol creates major health problems and is an unacceptable investment for the Trust."

Other areas barred by trustees from investment are companies which receive their major source of power from nuclear energy and companies which are non-responsive to environmental concerns.

For the second year in succession, the Trust has loaned more than $500,000 to medical and allied health students.

The Educational and Scientific Trust, the charitable tax-deductible arm of the State Society, promotes medical education for students, continuing education for practicing physicians, and socioeconomic research for medical societies and state government. It also manages the Physicians' Health Programs, formerly the Impaired Physicians' Programs.

MONTGOMERY CMS INSTALLS PRESIDENT

William W. Lander, MD, a family practitioner in Bryn Mawr, has begun his term as the 143rd president of the Montgomery County Medical Society.

Dr. Lander graduated from Episcopal Academy, Ursinus College, and the University of Pennsylvania School of Medicine. He completed his internship at Bryn Mawr Hospital, and served as acting chief of residents during his residency in internal medicine.

He served one year as a battalion medical officer with the 1st Marine Division in Korea, and was responsible for the treatment and evacuation of numerous casualties during the Chosin Reservoir Campaign.

After establishing his medical practice in Bryn Mawr, his leadership positions in Bryn Mawr Hospital included: chief of service family practice, vice president and president of medical staff, member of both the executive committee of the medical staff and the hospital board of directors.

His active participation in organized medicine began with the organization of the Hospital Medical Staff Section (HMSS) for the AMA. Dr. Lander served as Bryn Mawr Hospital's representative to both the AMA/HMSS and the PMS/HMSS since their initiation in 1983. In 1984, he assumed the chairmanship of the Montgomery County Medical Society HMSS, and subsequently was elected to offices in the county society.

PMSLIC OFFICERS FILL INSURANCE GROUP POSTS

A. John Smither, president of the Pennsylvania Medical Society Liability Insurance Company, (PMSLIC) has been reelected to a three-year term on the Board of Trustees of the Physician Insurers Association of America (PIAA). PIAA is a network of 43 physician-owned companies providing professional liability insurance for more than 179,000 physicians nationwide.

As part of his PIAA responsibilities, Mr. Smither will serve as board liaison to the Marketing Section and the Data Sharing Committee. He is also a member of the Chief Operating Officers Section.

Larry Smarr, PMSLIC's senior vice president and director of statistics and research, was appointed chairman of the PIAA Data Sharing Committee which oversees the Cause of Loss Data Base established by the PIAA in 1985. Mr. Smarr was also designated the PIAA representative member to the Executive Committee of the National Practitioner Data Bank. The National Practitioner Data Bank collects and reports to eligible parties information regarding medical malpractice payments, adverse licensure and clinical privilege actions and adverse actions taken by professional societies relating to patient care.

Sarah Lawhorne, Esq., vice president, secretary, and general counsel to PMSLIC, will chair the PIAA Legal Counsel Section which considers PIAA member companies' coverage-related issues.

FAMILY PHYSICIANS BACK RURAL, INDIGENT CARE

Jan R. J. DeVries, MD, of Boswell, was elected 1990–91 president of the Pennsylvania Academy of Family Physicians (PAFP), serving as chief executive officer and chairman of the board of directors of the Academy. Dr. DeVries

TOWARD 2000 VI SYMPOSIUM

October 12th and 13th.

The sixth annual Toward 2000 Symposium is an opportunity to assess progress toward the goal of reducing cancer mortality in the United States. The symposium will be held at Fox Chase Cancer Center on October 12th and 13th. National experts will conduct seminars, workshops and informal dinner discussions focusing on common solid malignancies including lung, colon, and breast. Faculty will also discuss advances in autologous bone marrow transplantation and the role of immunotherapy.

For more information and hotel accommodations, please contact Kathy Smith or Louise Blasick at (215) 728-2715.

As an organization accredited by the Accreditation Council for Continuing Medical Education, Temple University School of Medicine certifies that this program meets the criteria for 12 credit hours of Category I, provided it is completed as designed.

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succeeds Robert M. Kemp, MD, Lancaster.

Also during this year's PAFP annual meeting, the 3,300-member group announced support for three health care proposals to remedy problems of indigent care and the need for more family physicians in rural and inner-city areas.

One proposal is House Resolution 275, which directs the House Health and Welfare Committee to investigate the education, training, and availability of family physicians in rural and inner-city regions of the state. Public hearings were held throughout the state in July to determine the serverity of the physician shortages.

The PAFP also supports the Omnibus Rural Health Care Bill, conceived in part by PAFP, to create a Bureau of Rural Health Care services. Third, PAFP endorses the plan developed by the American Academy of Family Physicians that emphasizes health insurance through the private sector and Medicare as well as the revision of Medicaid.

NEW CEO TAKES HELM AT KEYSTONE PEER REVIEW

John DiNardi III assumed his new post in June as executive director of the Keystone Peer Review Organization (KePRO), the federal contractor for reviewing the quality and necessity of Medicare services in Pennsylvania.

DiNardi had been deputy director of the Medical Society of Virginia Review Organization since 1984. As KePRO's executive director, he is responsible for overall management of the Harrisburg-based organization, a wholly-owned subsidiary of the Pennsylvania Medical Society.

A native of Pittsburgh, DiNardi received a bachelor of science degree in 1974 from Old Dominion University in Norfolk, Virginia. He is a candidate for a master's in hospital administration from the Medical College of Virginia/Virginia Commonwealth University, Richmond.

From 1982 to 1984, he was deputy director of the South Central Professional Standards Review Organization, Richmond. Previous employment included service with the Colonial Virginia Foundation for Medical Care and the Tidewater Psychiatric Institute in Norfolk. In addition, he has been a consultant in management, budget and fiscal controls, and quality assurance.

NEW OTOLARYNGOLOGY SOCIETY NAMES LEADERS

Louis D. Lowry, MD, Philadelphia, was elected president of the recently formed Pennsylvania Academy of Otolaryngology—Head and Neck Surgery. The new specialty society was organized from the Pennsylvania Academy of Ophthalmology and Otolaryngology (PAOO), a statewide group that represented both specialties. The election was held at the PAOO's 46th annual convention and scientific meeting in June.

Dr. Lowry was elected following his one-year term as president of the Otolaryngology Section of the former PAOO. C. William Jaquiss, MD, Pittsburgh, was chosen president elect of the new organization, to succeed Dr. Lowry at the end of his one-year term of office. Dr. Lowry follows Helen F. Krause, MD, Pittsburgh, who completed a one-year term as president of the combined PAOO.

Dr. Lowry is professor/chairman, Department of Otolaryngology, Jefferson Medical College of Thomas Jefferson University.

Dr. Lowry

Dr. Jaquiss served on the executive committee of the PAOO as co-finance chairman since 1985. He is a member of the medical staffs of Eye and Ear Hospital, University of Pittsburgh School of Medicine, and St. Clair Memorial Hospital, Pittsburgh. He is also a clinical associate professor, University of Pittsburgh School of Medicine.

NEW OPHTHALMOLOGY SOCIETY ELECTS LEADERS

Winston M. Bryant Jr., MD, of Bala Cynwyd, has been elected president of the recently formed Pennsylvania Academy of Ophthalmology. The new specialty society was organized from the Pennsylvania Academy of Ophthalmology and Otolaryngology (PAOO), a statewide group that combined ophthalmologists and otolaryngologists. The election took place at the PAOO's 46th annual convention and scientific meeting in June.

Robert D. Reinecke, MD, Philadelphia, was elected president-elect of the PAO, to succeed Dr. Bryant. Dr. Bryant follows Thomas B. Souders, MD, Wyomissing, former president of the Ophthalmology Section of the PAOO.

Dr. Bryant is clinical assistant professor of ophthalmology, Temple University School of Medicine, and serves on the ophthalmology staffs of Wills Eye Hospital, Misericordia Hospital, and St. Christopher's Hospital for Children. He is chairman of the Pennsylvania Medical Society's Ophthalmology Advisory Committee.

Dr. Reinecke is the immediate past president of the American Academy of Ophthalmology, a director of Foerderer

Dr. Bryant

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Eye Movement Center for Children, Wills Eye Hospital, and professor of Ophthalmology, Jefferson Medical College of Thomas Jefferson University.

Dr. Heydt New Head of Geisinger Center

Stuart Heydt, MD, has been appointed the new president of Geisinger Medical Center in Danville. Dr. Heydt, who last year was appointed executive vice president of the Geisinger Foundation, has served as president of Geisinger Wyoming Valley Medical Center since 1982.

He joined the Geisinger system in 1973 as director of oral/maxillofacial surgery at Geisinger Medical Center. He later moved to Wilkes-Barre to lead the development of Geisinger Clinic in that community.

Prominent in community activities throughout the greater Wyoming Valley, he serves as chairman of the board of directors for the Greater Wilkes-Barre Partnership, on the executive committee for the United Way of Wyoming Valley, and as a board member of the Johnson Technical Institute in Scranton.

A member of the American College of Physician Executives, Dr. Heydt will serve as president of that organization in 1992.

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Emergency Physicians Install New Officers

During the Annual Meeting of the Pennsylvania Chapter of the American College of Emergency Physicians in June, the following officers were installed: President—J. Ward Donovan, MD, FACEP, Hershey Medical Center; president elect—David J. Dula, MD, FACEP, Geisinger Medical Center; vice president—David M. Siegel, JD, MD, FACEP, Pittsburgh; secretary—Joyce Petrini, MD, FACEP, Meadowbrook; treasurer—David A. DeHart, MD, FACEP, Pittsburgh; past president—John Skiendzielewski, MD, FACEP, Geisinger Medical Center.

Breast Cancer Study Mailed to Membership

A copy of a first-of-its-kind study, the *Physician Insurers Association of America Breast Cancer Study,* is being mailed to every PMS member by the Pennsylvania Medical Society Liability Insurance Company (PMSLIC).

The study warns physicians to listen more closely to women complaining of breast cancer lesions. It found that in 69.2 percent of all malpractice suits arising from delayed diagnosis of breast cancer, the patient was the one who found the lump, but her doctor ignored her. It also found that women under 40 accounted for 58 percent of the $60.5 million paid for breast cancer claims.

Since the study was revealed at the PIAA's Annual Meeting in Hawaii in

"I didn't acquire emphysema, I inherited it"

Dyspnea... chronic productive cough... or wheezing in patients too young for smoker's emphysema or chronic bronchitis could be due to an inherited deficiency of alpha$_1$-antitrypsin (AAT).[1] Associated with panacinar emphysema, AAT deficiency may be fatal.

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1. Brantly ML, Paul LD, Miller BH, et al: Clinical features and history of the destructive lung disease associated with alpha-1-antitrypsin deficiency of adults with pulmonary symptoms. *Am Rev Respir Dis* 1988;138:327-336.
2. Wewers MD, Casolaro MA, Sellers SE, et al: Replacement therapy for alpha$_1$-antitrypsin deficiency associated with emphysema. *N Engl J Med* 1987;316:1055-1062.

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late May, it has received substantial national media attention. The study was developed by the PIAA Data Sharing Project, in which PMSLIC and 20 other physician-owned or directed member companies contributed to a nationwide claims data base on a semi-annual basis for the past five years.

AMA PUBLISHES REVISED DRUG REFERENCE GUIDE

The American Medical Association has reformatted *Drug Evaluations,* its reference guide to more than 2,000 drugs on the market today.

Drug Evaluations (DE) is now available as a loose-leaf manual updated quarterly with new chapters as news on those drugs becomes available. According to the AMA, the manual is the only clinical drug resource arranged in therapeutic chapters. These chapters cover all drug classes and drugs within a class used to treat a medical problem.

DE subscribers will also receive a quarterly newsletter, the *DE Monitor,* which provides an executive summary highlighting key changes in the revised chapters.

PMSLIC REPORTS CLAIMS STATISTICS

The Pennsylvania Medical Society House of Delegates Resolution 86-17 requires that the Pennsylvania Medical Society Liability Insurance Company (PMSLIC) report certain claim statistics to the House of Delegates on a semi-annual basis. In response to this resolution, PMSLIC published the first semi-annual report in the September 1987 issue of PENNSYLVANIA MEDICINE. The information in these tables is an update of the most recent five years' experience of the data requested by Resolution 86-17, as follows:

Table 1. Joinders—Includes PMSLIC physicians joined by other parties and other parties joined by PMSLIC.

Table 2. Number of claims and suits filed by specialty, July 1, 1985–June 30, 1990.

Table 3. Cost of claims and suits filed by specialty, July 1, 1985—June 30, 1990.

Individuals who have questions or comments regarding this material should contact Lawrence E. Smarr, Senior Vice President, Statistics and Research, PMSLIC, P.O. Box 8375, Harrisburg, PA 17105-8375.

Table 3: Number of Claims and Suits (C & S) Filed by Specialty July 1, 1985–June 30, 1990

Specialty	# Open C & S	Closed Claims (Except Verdicts) No Loss Pmt # C & S	Closed Claims (Except Verdicts) No Loss Pmt Avg Exp Pmt	Closed Verdicts** No Loss Payment # C & S	Closed Verdicts** No Loss Payment Avg Exp Pmt	Closed Settlements w/ Loss Pmt. # C & S	Closed Settlements w/ Loss Pmt. Avg Loss Pmt	Closed Settlements w/ Loss Pmt. Avg Exp Pmt	Closed Verdicts** w/ Loss Pmt. # C & S	Closed Verdicts** w/ Loss Pmt. Avg Loss Pmt	Closed Verdicts** w/ Loss Pmt. Avg Exp Pmt
Allergy	2	0	$ -0-	0	-0-	0	$ -0-	$ -0-	0	-0-	$ -0-
Anesthesiology	47	28	3,379	1	$ 3,316	40	22,499	3,535	0	-0-	-0-
Cardiac Surgery	5	6	1,759	0	-0-	0	-0-	-0-	0	-0-	-0-
Cardio-Thoracic Surg	9	9	4,559	0	-0-	1	35,000	7,572	0	-0-	-0-
Cardio-Vasc. Surg.	23	12	4,482	0	-0-	10	99,375	7,761	0	-0-	-0-
Cardio-Vascular & Thoracic Surgery	18	16	5,674	1	44,038	1	200,000	20,230	0	-0-	-0-
Cardiology	42	37	4,866	0	-0-	3	129,667	7,247	1	1,750	11,857
Colon-Rectal Surgery	1	1	656	0	-0-	0	-0-	-0-	0	-0-	-0-
Dermatology	24	14	1,311	1	9,101	4	9,938	1,274	0	-0-	-0-
Emergency Medicine	49	46	4,353	5	25,439	18	46,468	7,221	3	50,333	10,531
Family Practice	147	70	3,044	5	31,040	40	58,673	6,447	1	2,500	10,478
Gastroenterology	8	4	922	0	-0-	1	52,500	558	0	-0-	-0-
General Practice	111	85	2,723	7	33,874	43	74,205	9,140	2	60,550	33,292
General Surgery	242	147	4,102	10	21,487	76	75,314	7,425	1	53,508	21,272
Geriatrics	1	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Gynecology	16	5	8,068	0	-0-	8	69,263	8,703	0	-0-	-0-
Hematology	1	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Industrial Medicine	1	0	-0-	0	-0-	1	130,000	699	0	-0-	-0-
Internal Medicine	322	174	4,637	6	14,796	76	74,182	8,337	0	-0-	-0-
Nephrology	0	2	9,434	0	-0-	0	-0-	-0-	0	-0-	-0-
Neurology	23	22	3,274	0	-0-	2	36,000	3,382	0	-0-	-0-
Neurosurgery	64	56	4,527	0	-0-	17	113,304	9,700	0	-0-	-0-
OB/GYN	259	146	4,337	10	33,931	90	84,265	8,149	6	43,148	13,303
Oncology	1	2	23	0	-0-	0	-0-	-0-	0	-0-	-0-
Ophthalmology	55	50	3,684	2	10,022	13	60,404	4,332	0	-0-	-0-
Orthopedics	3	3	3,006	1	2,784	2	9,750	1,934	0	-0-	-0-
Orthopedic Surgery	232	216	3,621	9	21,896	83	65,830	8,215	2	86,406	8,015
Otolaryngology	42	29	3,637	1	3,936	12	95,440	7,061	1	120,000	4,299
Pathology	8	3	6,049	0	-0-	2	72,500	11,382	0	-0-	-0-
Pediatrics	80	41	5,820	1	7,638	15	63,300	5,712	1	23,040	18,055
Plastic Surgery	52	32	2,493	0	-0-	11	23,864	3,240	3	27,665	21,994
Preventive Medicine	1	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Proctology	4	0	-0-	0	-0-	4	122,500	16,521	0	-0-	-0-
Psychiatry	12	8	7,697	0	-0-	2	22,750	9,956	0	-0-	-0-
Pulmonary Diseases	0	1	1,571	0	-0-	0	-0-	-0-	0	-0-	-0-
Radiology	94	77	3,892	0	-0-	26	74,805	14,240	2	19,250	10,909
Rehab/Physiatry	23	11	5,997	1	2,605	1	75,000	225	0	-0-	-0-
Rheumatology	3	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Thoracic Surgery	8	14	6,996	0	-0-	2	168,750	6,271	0	-0-	-0-
Urology	37	19	1,716	1	11,308	18	63,326	7,446	0	-0-	-0-
Vascular Surgery	8	3	9,607	0	-0-	1	25,000	19,484	0	-0-	-0-
Vasc. & Thoracic Srg.	0	1	3,622	0	-0-	0	-0-	-0-	0	-0-	-0-
Not Oth. Classified	12	16	2,559	0	-0-	9	51,556	7,389	0	-0-	-0-
Physician's Assistant	1	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Registered Nurse	0	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Physiotherapist	0	0	-0-	0	-0-	1	7,500	144	0	-0-	-0-
Nurse Anesthetist	1	0	-0-	0	-0-	1	5,000	-0-	0	-0-	-0-
Nurse Midwife	1	0	-0-	0	-0-	1	45,456	3,069	0	-0-	-0-
Corporate Liability	55	34	5,531	0	-0-	17	76,398	8,113	2	57,500	15,158
Partnership Liability	1	2	3,857	1	38,916	0	-0-	-0-	0	-0-	-0-
GRAND TOTALS	2,127	1,432	$4,028	63	$23,861	652	$69,445	$ 7,717	25	$ 45,636	$15,126

* Claims and suits filed during this period resulted from policy years 1978–1988. PMSLIC's limit of liability is $100,000 per incident for policy years 1978–1982, $150,000 for 1983 and $200,000 for 1984–1990.

** Cases tried to verdict which are still open pending final resolution due to post trial motions, appeals, etc. are counted as open files.

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Table 2: Number of Claims Filed by Specialty July 1, 1985–June 30, 1990

Specialty	Number of Claims
Allergy	2
Anesthesiology	116
Cardiology	83
Cardiac Surgery	11
Cardio-Thoracic Surgery	19
Cardio-Vascular & Thoracic Surgery	36
Cardio-Vascular Surgery	45
Colon-Rectal Surgery	2
Dermatology	43
Emergency Medicine	121
Family Practice	263
Gastroenterology	13
General Practice	248
General Surgery	476
Geriatrics	1
Gynecology	29
Hematology	1
Industrial Medicine	2
Internal Medicine	578
Nephrology	2
Neurology	47
Neurosurgery	137
OB/GYN	501
Oncology	3
Ophthalmology	120
Orthopedics	9
Orthopedic Surgery	542
Otolaryngology	85
Pathology	13
Pediatrics	138
Plastic Surgery	98
Preventive Medicine	1
Proctology	8
Psychiatry	22
Pulmonary Diseases	1
Radiology	199
Rehab/Physiatry	36
Rheumatology	3
Thoracic Surgery	24
Urology	75
Vascular Surgery	12
Vascular and Thoracic Surgery	1
Not Otherwise Classified	37
Corporate Liability	86
Partnership Liability	4
Nurse Anesthetist	1
Nurse Midwives	2
Physiotherapist	1
Physician's Assistant	1
Registered Nurse	1
Total	4,299

Table 1

Number of Cases in which a Physician is Joined as an Additional Defendant by a Hospital or Physician

Since beginning tracking joinder data on April 1, 1987, 57 PMSLIC insureds were joined by other parties through June 30, 1990, as follows:

PMSLIC Insured Joined by:	Number of Times
Hospital	28
Other Physician	8
Nursing Home	2
Drug Company	1
Commercial business	6
Plaintiff	3
Pharmacy/Pharmacist	3
Other	6
Total	57

During the same period, PMSLIC joined 10 other parties, as follows:

Party Joined by PMSLIC	Number of Times
Physician	6
Drug Company	1
Manufacturer	1
Other	2
Total	10

NEWSFRONTS

NEW EDITORS AT ANNALS OF INTERNAL MEDICINE

A husband and wife team of internists has arrived in Philadelphia to undertake editing *Annals of Internal Medicine,* the largest medical specialty journal. There have been five editors since the publication was established in 1927. Drs. Robert and Suzanne Fletcher, both formerly professors of medicine and epidemiology at the University of North Carolina at Chapel Hill, were selected by the American College of Physicians (ACP) to succeed retiring editor Edward J. Huth, MD, who was editor for nearly 20 years.

The Drs. Fletcher began their editorship with the July 1990 issue of the *Annals.* They assured readers that they will maintain the journal's emphasis on clinical research, while including articles on a broad scope of financial, cultural and political issues.

Nicholas E. Davies, MD, chairman of ACP's search committee, said the new editors have long-standing interest in training physicians and in continuing education for practicing physicians. While at the University of North Carolina, they served as co-directors of the UNC Training Program in the International Clinical Epidemiology Network. They were co-chiefs of the Division of General Medicine and Clinical Epidemiology from 1978 to 1986. In 1984, the editorial team founded the *Journal of General Internal Medicine,* the official publication of the Society of General Internal Medicine.

"We intend to preserve *Annals'* many strengths and its main traditions," the new editors said. "But times change, as do editors, and journals change with them. We hope to capture in *Annals'* pages the liveliness, controversy, tensions, and disagreements that are so much a part of modern medicine." They are concerned that clinicians have less and less time to read and assess the burgeoning amounts of medical information. "In this environment, peer-reviewed medical journals play a pivotal role by helping to keep medicine on track and up to date," they said.

Both physicians are 1966 graduates of Harvard Medical School. They served internships and residencies in internal medicine at Stanford Medical Center. Dr. Robert Fletcher served with the U.S. Army Medical Corps in Germany from 1968 to 1971. Both were Carnegie Commonwealth Clinical Scholars at Johns Hopkins University, where they received master's of science degrees in 1973. From 1973 to 1978, they served on the medical faculty of McGill University in Montreal, teaching clinical medicine and epidemiology.

Dr. Suzanne Fletcher has published widely on periodic health examinations, cancer screening, and ambulatory care. She has been leader of the University of North Carolina's Cancer Prevention Program since 1985. From 1981 to 1987, she was a member of the board of governors of the American Board of Internal Medicine (ABIM) and chaired ABIM committees on evaluation of special candidates and on developing core internal medicine questions for the examination. She served on the editorial board of *Annals* from 1982 to 1985 and is a member of the Institute of Medicine.

Dr. Robert Fletcher was director of the Robert Wood Johnson Foundation's Clinical Scholars Program for 12 years before coming to *Annals.* He is senior author of the first modern textbook of clinical epidemiology, *Clinical Epidemiology: The Essentials,* which is in its second edition.

GEISINGER CLINIC

1990–1991 Continuing Education Programs

Cardiology in the 90's
Wednesday, September 19, 1990

7th Annual Neuro-Ophthalmology Seminar
Wednesday, September 26, 1990
Danville Days Inn

Rehabilitation of the Trauma Patient
Friday, September 28, 1990

Poison Update
Wednesday, October 3, 1990

Advanced Cardiac Life Support Instructor Course
Friday & Saturday, October 5 & 6, 1990

Diabetes Update: 1990
Wednesday, October 10, 1990
Danville Days Inn

4th Annual Horizons in Cardiac Rehabilitation
Friday, October 12, 1990

Advanced Cardiac Life Support Provider Course
Friday, Saturday, Sunday, October 19-21, 1990

Advanced Cardiac Life Support Recertification Course
Saturday, November 3, 1990

Pediatric Update: Advances in Medical and Surgical Management of Children with Chronic Diseases
Thursday, November 8, 1990
Mountain Laurel Resort, White Haven, PA

Advanced Trauma Life Support Provider Course
Friday & Saturday, November 9 & 10, 1990

Update in Rheumatology
Wednesday, November 14, 1990

Pediatric Advanced Life Support Provider Course
Thursday & Friday, November 15 & 16, or November 29 & 30, 1990

Advanced Trauma Life Support Instructor Course
Friday, Saturday & Sunday, December 7–9, 1990

Advanced Trauma Life Support Provider Course (ATLS)
Friday & Saturday, January 11 & 12, 1991

Winter Update in Gastroenterology
Tuesday, Wednesday, Thursday, January 22–24, 1991
Seven Springs Resort, Champion

Advanced Cardiac Life Support Instructor Course
Friday & Saturday, February 1 & 2, 1991

16th Annual Concepts in Clinical Practice
Saturday & Sunday, February 9 & 10, 1991
Location to be announced

Advanced Cardiac Life Support Provider Course
Friday, Saturday, Sunday, February 22–24, 1991

Emergency Medicine Update
Wednesday, February 27, 1991

Contemporary Issues in Internal Medicine
Wednesday, March 6, 1991

Advanced Traumas Life Support Provider Course (ATLS)
Friday & Saturday, March 8 & 9, 1991

ENT for the Family Practitioner
Wednesday, March 13, 1991

Advanced Cardiac Life Support Recertification Course
Saturday, March 16, 1991

Family Practice Update: '91
Wednesday, March 20, 1991

Dermatology Update
Wednesday, April 3, 1991

Pediatric Advanced Life Support Provider Course
Thursday & Friday, April 4 & 5, or April 18 & 19, 1991

Acute & Chronic Lung Infections: Diagnosis & Management
Wednesday, April 10, 1991

Symposium in Obstetrics & Gynecology
Wednesday, April 17, 1991

Neuro-Imaging Update
Saturday, April 20, 1991
Danville Days Inn

Impotence: Evaluation & Treatment Options
Wednesday, April 24, 1991

6th Annual Sight Loss Support Group Meeting
Wednesday, May 1, 1991
Danville Days Inn

Ischemic Hypertension & Renal Failure: Current Concepts
Wednesday, May 8, 1991

5th Annual Symposium in Clinical Medicine
Tuesday-Friday, June 18–21, 1991
Hilton Head Island, South Carolina

Please check each specific flyer as it arrives for starting time, location, number of credit hours, and types of credit. Programs may be cancelled due to insufficient registration. If not pre-registered, please call to confirm the program

Geisinger

As an organization accredited by the Pennsylvania Medical Society for its continuing medical education program, the Geisinger Clinic designated these activities as meeting the criteria for Category I credit for the American Medical Association's Physician's Recognition Award and the Pennsylvania Medical Society membership requirement. Please refer to each individual program flyer for registration fees, starting times, and number of credit hours. For further information or for copies of individual programs, call Sharon Hanley, RMP, collect, at 717-271-6692. There is a 24-hour answering service available. You may also write to her at North Academy Avenue, Danville, PA 17822-1350

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3:00-3:20	Interesting and important electrocardiographic findings	*Leonard N. Horowitz, M.D.*
3:20-3:40	The benefits and limitations of exercise electrocardiography	*Norman Feinsmith, M.D.*
3:40-4:00	Slides of ECGs (unknowns) will be presented and discussed.	
4:00-5:00	Case Presentations	*David L. Scher, M.D.*
	Panel Discussion	
	Robert I. Katz, M.D.	*Terry Langer, M.D.*
	Steven J. Nierenberg, M.D.	*J. David Ogilby, M.D.*
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CAPITAL COMMENTARY

FORGING MEDICINE'S KEY CONTACTS IN WASHINGTON

Elaine Herrmann

One afternoon last May, three Pennsylvania physicians made a brief but symbolic visit to the Washington office of Senator John Heinz. Because it had been seven years since the last official visit by representatives of the Pennsylvania Medical Society, the handshakes enthusiastically exchanged that day represented a renewed relationship with the senator. But for the physicians, the meeting was also a first step in an ambitious new plan to enhance their profession's political charisma.

"When you take time off from work and go down to Washington, they look at you differently," says John E. Devenney, MD, chairperson of the PMS subcommittee on federal legislation. "They're looking for true concern and not just lip service." That philosophy underpins the Key Contact Program, one of two pilot programs initiated in Pennsylvania and Ohio by the American Medical Political Action Committee (AMPAC) with State Society sponsorship. Dr. Devenney, Montgomery County Medical Society, has been instrumental in the development of Pennsylvania's Federal Key Contact Program, a subcommittee to the Council of Governmental Relations chaired by Leland Patterson, MD.

To ensure a collective message was being received in Washington, and to help maintain the physical presence of organized medicine in federal politics, a group of 45 Pennsylvania physicians made the first Washington visits in September 1989. They made personal contact with 22 of 25 Senators and Representatives of the Pennsylvania delegation or their staff. The return visit of 45 physicians in May this year enabled 68 of the 78 physicians now in the program to have participated in a Washington excursion. According to Dr. Devenney, "When you have them eye to eye on their own turf, and you've travelled a long way, it carries a different message than a letter or a phone call."

The program—and the Washington meetings—have turned out to be very productive. In addition to sparking fresh personal contact with leaders like Senator Heinz, the physicians have worked with congressional staff to set up local health care advisory committees to meet on an ongoing basis. Three such committees, communicating with the offices of Senator Heinz and Representatives Curt Weldon and William F. Clinger are now in place while others are in the planning phase. These local follow-up meetings will work in tandem with the Washington visits, insuring continuous liaison.

Ideally the program will mold a group of physicians capable of responding on a dime to calls for action on legislative issues. Long before a proposal becomes a bill, members of Congress would call their Key Contact physicians for the State Society's—and the AMA's—position as well as background information on a health care issue. The Key Contacts would notify the State Society of the legislators' interest and thoughts, enabling PMS in turn to apprise the AMA of a proposal's progress.

Currently, that line of communication originates with "calls to action" from the AMA as legislative issues and needs arise. Since the program's inception Pennsylvania's Key Contacts have responded to seven calls to action in 1989 and three so far this year. The first call to action, in May 1989, concerned Medicare Budget Reconciliation measures. All Key Contacts received detailed information outlining organized medicine's major concerns: Expenditure targets, disproportionate cuts in Medicare Part B and the ban on physician self-referrals. Subsequent calls to action on various proposals being considered during the reconciliation budget process were issued an additional six times before the bill's passage in late November 1989. Through letters, personal phone calls and other contacts, Pennsylvania physicians feel they've had a hand in turning aspects of that legislation in favorable d

Elaine Herrmann is the assistant managing editor of this publication. Frani Battista, coordinator of the Key Contact Program for the State Society, contributed to this article.

Representative Peter Kostmayer (D-8th District) was greeted by Key Contact physicians from Bucks County, Veronica E. Coyne, MD, and Philip Friedman, MD.

Key Contact physicians from Delaware County met with Representative Curt Weldon (R-7th District) during visits to Washington, D.C. From left to right are Richard Soricelli, MD, Charles D. Hummer Jr, MD, Congressman Weldon, Howard A. Richter, MD, and John W. Lawrence, MD.

From left to right, are Charles E. Laubach, Jr., MD, Montour County; Doris Bartuska, MD, Philadelphia; Representative Paul Kanjorski (D-11th District), and Dr. and Mrs. Victor Greco, Luzerne County.

Two Chester County physicians participating in the Key Contact Program met with Representative Richard Schulze (R-5th District), center. At left is Joseph Adito, MD, and at right, Gary J. Levin, MD.

rections: no expenditure targets; a five-year phase-in of RBRVS beginning in 1992; an advisory Medicare Volume Performance Standard; establishment of a floor for the RBRVS conversion factor update through 1996; the establishment of a practice guideline/outcome assessment research agency and safeguarding of a physcian's right to reconsideration in cases of substandard care denials.

Two other formal AMA requests were made of the Key Contacts in 1989. Last September the request concerned the airline ban on tobacco which subsequently became law, and another advocated support for medical research using animals.

In addition to serving on health care advisory committees and responding to calls to action, Key Contact physicians have also received congressional requests to evaluate pending health care legislation, and have advised PMS of senatorial requests for health care issues information.

Focus on Washington

Events of the 1980s brought Pennsylvania physicians—along with many throughout organized medicine—to the conclusion that the course of American health care is more and more being decided on the federal level. Enlarging the presence of organized medicine in that federal political arena can best be done by the physicians themselves, AMPAC and others reasoned, through handshakes and intelligent, committed voices responding to the new decade's tough medical and political issues.

After receiving AMA grant funding in 1988, the Key Contact Program was organized by PMS staff through statewide surveys, reports, and approximately 160 personal interviews with member physicians. The program is patterned on, but is a more tightly organized version of, the State Society's Legislative Action

Team (LAT) program, engineered in 1986 to provide swift grassroots reaction to professional liability legislation.

From a list of prospective names garnered through statewide research, a group of Key Contact Physicians was identified who had in common one critical quality: commitment. While an interest in political action and a willingness to spend time studying issues also are necessary, commitment of time and personal involvement to the program are crucial to its success.

The Key Contact physicians must be willing to develop and maintain a relationship with the congressman and his or her staff. But the goals of the program go well beyond that. As the program is fine-tuned, Key Contacts will become increasingly more essential to the communications network between congressmen, the State Society, the AMA, and physicians statewide. To fulfill that role, Key Contacts are asked to polish not only relationship-building skills but also political acumen to help legislators understand the impact of proposed federal legislation on the health care system.

That type of responsiveness requires Key Contact physicians to keep informed on political and medical issues. In addition to training seminars and legislative briefings prior to trips to Washington, Key Contacts receive regular communications from the State Society, information on the legislative process, *AMA Talking Points* and other pertinent publications.

1990 and beyond

"We hope eventually to have three or four Key Contact physicians for each of the 23 representatives and two senators in the Pennsylvania delegation," Dr. Devenney said. Currently, the program has at least one contact for each legislator in the delegation. The ultimate goal of the program is to involve Key Contact physicians in all aspects of the political decision-making process, and eventually encourage more physician to become active in congressional election campaigns.

Physician interest in the program varies from region to region in the state, with major metropolitan areas such as Pittsburgh and Philadelphia not as well represented as some rural regions. The physicians currently participating in the program come from a wide range of specialties. Many had not been active in organized medicine prior to joining the Key Contact Program.

So far during 1990, messages to Washington from Pennsylvania's Key Contact physicians have included: extending the comment period by the Health Care Financing Agency (HCFA) on regulations for clinical laboratories; eliminating therapeutic substitution from the budget considerations; and sponsorship of H.R. 4475, the "anti-hassle bill" that would require HCFA to, for example, reduce the screens and parameters it uses to review utilization.

But tackling these issues may only be the Key Contacts' preparation for even more crucial issues on the horizon. Next year, the debate on national health insurance is expected to heat up in Congress. As Pennsylvania's Key Contact physicians prepare to address this and other difficult issues, AMPAC is planning to expand the Key Contact Program to other states.

Those interested in obtaining more information about the PMS Key Contact program should contact Frani Battista of PMS.

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FINANCIAL MANAGEMENT

INSURANCE NIGHTMARE

John V. Miles, CLU, CPCU

To most physicians the nightmare of insurance coverage is the miserable task of reading "small print" when purchasing a policy. Another nightmare is the surprise at what the policy actually says when it is needed. Since I served for quite a while on state and county medical society committees dealing with insurance, I really should never have had a problem, but I failed to read a policy carefully, and a problem surfaced when a claim was filed. Fortunately, the problem was resolved with the aid of John Miles of Bertholon-Rowland and the Commercial Insurance Company on the basis of the policy's intent. I learned two things: the right broker and insurance company is important, and had I followed the advice John Miles provides in his article, there would have been no problem. Do not be too busy to read on.—Matthew Marshall Jr., MD, of Pittsburgh Urologist Associates, Inc.

John V. Miles is executive vice president of Bertholon-Rowland Insurance Development Group, Pittsburgh.

Many physicians practice under special agreements of incorporation or partnership. Others find themselves subject to terms of divorce decrees, pre-nuptial or post-nuptial agreements. Some may be affected by a combination of such legal documents. In each case, the physician's policies for life insurance, disability insurance, business overhead expense insurance, and even property and liability coverages may be involved.

As the professional insurance advisor to many physicians and other professionals, we at Bertholon-Rowland Insurance Development Group are all too familiar with the fact that before these special contracts are written, the insurance agent is seldom, if ever, consulted. In fact, most times we are never informed even after the agreements are in place. One important lesson during Charted Life Underwriter (CLU) classes is that the insurance professional should not overstep his or her qualifications and commence the practice of law or accounting. The CLU texts explain that ideally the CLU will meet with the insured in conjunction with the insured's lawyer and accountant.

In the real world beyond those textbooks, time and expense considerations cause such conferences to occur as the rare exception. Most insureds forego the expense of paying a lawyer and accountant to meet with their insurance agent. But sometimes not having such a meeting can be more expensive in the long run.

Your lawyer and accountant should help answer some basic questions: Who should own the policy? Should the corporation own the policy, or the individual? Should each partner own policies on the other partners? Are life, personal disability, and overhead expense policies to be treated the same?

Since each corporate or partnership agreement can differ, the "normal" answer may not apply to your circumstances. In the case of life insurance, the policyowner may have access to cash values that were not intended to be dissipated. This could be very important in both domestic and business situations.

Who should be beneficiary? And should there be an irrevocable (i.e. can't be easily changed) beneficiary?

Again, there is no correct, stock answer. Failure to have the proper policyowner or beneficiary has been the source of some of our most difficult claims problems. While most problems have been favorably resolved by arguing the insured's intent or the premium payer's intent, some cases have resulted in treatment that, although according to the contract, was not in accordance with the insured's previously "secret" wishes.

Your lawyer and/or accountant may have suggestions, but they may not volunteer those suggestions unless asked. Your insurance agent can discuss the impact of your contractual commitments, but only if you inform the agent about them. As with all insurance problems, these can be easily solved while you are still alive and healthy and before someone has sued you for what you did or didn't do.

Every physician should set aside time for an annual review of insurance coverages. Prior to that review, they should consult with their attorney and accountant to consider any special needs. At the review, closely check who owns the policy and who is the beneficiary. Also check to be certain all family members are properly listed under health insurance coverages, including college students and quasi-dependent "baby-boomerangers." This is also the ideal opportunity to make certain that your coverages are adequate. Again, your insurance agent or broker needs your input to assure that your needs will be met in the event of claim.

If the concept of an annual review seems like a luxury that your busy schedule does not permit, please reflect on the patients who argue that an annual or quarterly doctor's visit is hard to fit into their busy schedules. Your financial good health may depend on making the time.

This article cannot begin to cover all the areas of potential neglect; only with an investment of time by you and your agent can a comprehensive review be completed. Don't delay. While the right insurance coverage can often be expensive, the wrong coverage can be devastating.

CORRESPONDENCE

GENERIC DRUG SAFETY CHALLENGED

Gordon K. MacLeod, MD, FACP

Notwithstanding the position on generic drugs taken by Pennsylvania's secretary of health in the June 1990 issue of PENNSYLVANIA MEDICINE, there is good reason to suspect that the clinical effects of these drugs may be either ineffective or potentially toxic to patients. According to Michigan Congressman John Dingell, "Major testing errors and improprieties in studying new generic drugs call into question the safety and effectiveness of 20 to 30 percent of all generics on the market." In July, the congressman called for a freeze until a full review can be completed on all new generic drugs approved by a Pennsylvania testing laboratory that has done work for every major generic drug company in the country.

Last January, the Pennsylvania Medical Society alerted physicians that significant clinical variations in generic drug therapeutic equivalency had been observed. Although the Society favors the cost benefits associated with generic drugs, it pointed out that these generic substitutes pose a potential public health problem in Pennsylvania and elsewhere. Apparently, the variation in the clinical effect of these drugs observed by practicing physicians had not yet been fully appreciated by government agencies. (PENNSYLVANIA MEDICINE, January 1990). Secretary of Health N. Mark Richards, MD, disagreed with the position taken by PMS when he said in the June issue of PENNSYLVANIA MEDICINE, "I find the issue of ineffective generic drugs to be unsupported by the facts."

Shortly thereafter, numerous scientific errors committed over months or years were reported in the press to have been uncovered during an audit by the Food and Drug Administration of bioequivalency testing of generic drugs in a Pennsylvania laboratory. Congressman Dingell wrote to Health and Human Services Secretary Louis Sullivan, MD, that the scientific errors cited may undermine the safety of hundreds of generic drugs. The inspection looked at 13 studies in a Pittsburgh laboratory that the FDA had relied upon to approve drug marketing applications, and found that 11 of them "contained scientific errors sufficient to invalidate the results." Congressman Dingell, as chairman of an Oversight and Investigations Subcommittee in the U.S. Congress, called this revelation "truly calamitous." Secretary Sullivan said he agreed with concerns expressed by Congressman Dingell.

The overwhelming weight of evidence of wrongdoing in the generic drug industry has been well publicized over the past several years. Also, the Pennsylvania Department of Health has virtually ignored the concerns of practicing physicians whose patients are dispensed generic drugs by law unless the physician writes on the prescription form, "Brand name medically necessary." This has left physicians in the unfortunate position of having to anticipate variation in the therapeutic response of their patients.

The position of the Pennsylvania Medical Society as stated in the January issue of PENNSYLVANIA MEDICINE clearly favors generic drug use especially because of its potential to lower the cost of medical care. However, the Society is not willing to risk the health of patients by using generic drugs which are so poorly monitored by the Pennsylvania Department of Health or by the FDA. However, the conclusion reached by the Department of Health's monitoring is now diametrically opposite to that of the FDA. Dr. Richards said of generic drugs that "The subject has been carefully monitored in our generic formulary process on an ongoing basis." By contrast, the FDA has pointed out that patients are being subjected to generic drugs tested in laboratories in serious violation of a number of FDA regulations; these laboratories have departed from commonly accepted good laboratory procedures.

A partial list of violations includes

Dr. MacLeod is president elect of the Pennsylvania Medical Society. The cited news reports were excerpted from the Reuters News Service; the Associated Press; the Pittsburgh Post-Gazette, *July 17, 18, and 19; the* Pittsburgh Press *July 17 and 19; and the* Wall Street Journal, *July 18, 1990.*

inadequate training of laboratory personnel; a general lack of written data on standard operating practices; contamination of samples; changing analytical methods without authorization or documentation; and lack of documentation on abnormal occurrences during testing.

Congressman Dingell said there is evidence that the Pittsburgh laboratory's problems date back to 1972. He added that he has received independent advice that faulty testing could have resulted in generic drugs' passing equivalency tests that they should have failed and vice versa.

The Pennsylvania Department of Health should relinquish responsibility for monitoring drugs through their generic formulary process. The state health department is not equipped to be involved either in generic or brand name drug monitoring, and should allow such monitoring to remain in the domain of the Food and Drug Administration. Whatever decision is made, the Pennsylvania Medical Society stands ready to provide whatever assistance it can in eliminating problems caused by generic drugs.

Once again, the Pennsylvania Medical Society calls upon the Department of Health to urge the FDA to reexamine its approach to generic drug testing, perhaps following the dictum of B.L. Strom. Strom points out that "the only way to ensure appropriate therapy after generic substitution is to retitrate the patient." He further suggests that perhaps the FDA or the manufacturers of generic drugs should be expected to fund studies in a random sample of drugs approved by the FDA on the basis of bioavailability data in order to validate bioequivalence which can obviously affect clinical outcomes. (*NEJM*, Vol. 316, No. 23: pp 1473–1475). This is particularly important since generic drug testing must consider, however, that "bioavailability does not necessarily equal therapeutic equivalence" (*JAMA* September 22/29, 1989-Vol. 262, No. 12, pp 1566–1567). On the other hand, Strom argues that when brand name manufacturers disclaim therapeutic equivalence, perhaps

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they should be asked to fund such studies before making such a disclaimer.

TRUSTEE PRAISES PITTSBURGH REPORTER

Walter M. Greissinger, MD

I commend reporter Don Wolf of the *Pittsburgh Press* for his handling of a complex and difficult issue in his article ("Doctors angered by state plan to limit fees to elderly," June 17) on House Bill 700, formerly called the "Medicare Overcharge Measure."

More appropriately renamed the "Health Care Practitioners' Fee Control Act," this law prohibits health care providers from charging Medicare patients more than Medicare's "reasonable charge."

Mr. Wolf accurately conveyed our frustration at government attempts to blame the entire problem of rising health care costs on physicians. This situation strains our relationships with our patients. I know I am not alone in my hope that our patients will try to understand our point of view and not jump on the doctor-bashing bandwagon that seems so convenient for some politicians and business groups.

Several months ago, the Pennsylvania Medical Society developed and sent to the Health Care Cost Containment Council, the legislators, and the governor, a proposal for help for the indigent—elderly or not. In conjunction with the Pennsylvania Osteopathic Medical Association and the Hospital Association of Pennsylvania, we proposed a comprehensive plan to provide health care to uninsured and underinsured people in the commonwealth.

We want to establish a health care system that is fair and equitable. So far, our plan has been utterly ignored by the legislature and administration and Pennsylvania's business community.

The Medicare program, for all the good it has accomplished, today is strained beyond both its capacity and public expectations. Many of the politicians who are most critical of the medical profession have promised their constituents the finest medicine, but they refuse to acknowledge that there is a cost for the world's best medical care—costs associated with the unmatched technology, research, and immediacy that this country has to offer. They promise a Cadillac, but want to pay for a bicycle.

Our government's response has been to clamp down on physicians with increasingly complex regulations, discounts, and restrictions on our fees. The program is in dire need of reforms as proposed by various medical organizations, including ours.

This new law, signed July 10 by Governor Casey, makes an already complicated system even more so, by imposing state control on top of federal regulations. For many doctors, the big problem is not money—it is the feeling that this act would make a difficult situation nearly intolerable. This, I feel, is one of the chief reasons for the frustration voiced by our president, Dr. J. Joseph Danyo, in Mr. Wolf's article and on other public forums.

Today physicians can do more for people than at any time in history, even though we often feel that no matter how much we do it is never enough. Most doctors are available to their patients 24 hours a day, seven days a week, weekends, nights, and emergencies. Yet, when we express concerns about unreasonable fee restrictions or say we would like to ask those who can afford health care to contribute their fair share, we are called greedy. Most private physicians work 60 to 70 hours per week.

I believe our patients know the depth of our commitment to them. I ask that they not allow the strength of the doctor-patient relationship to be weakened by those who would lay all the ills of the health care system at the physician's feet.

Finally, let us all commit ourselves to continue our lobbying efforts and to fulfill our obligation to educate the lawmakers and the public about these issues.

Dr. Greissinger, who practices family medicine in Pittsburgh is a member of the Pennsylvania Medical Society Board of Trustees. His Tenth District includes Allegheny, Beaver, Westmoreland, and Lawrence Counties. The new law, effective 60 days from signing, or September 8, will be challenged in court by the Pennsylvania Medical Society.

PRESIDENT'S MESSAGES DRAW SUPPORT FOR GOALS

Raymond A. Capone Jr., MD, PC

This is nothing more than a brief vote of confidence in the Society's president, Dr. J. Joseph Danyo. I have enjoyed reading his editorials in PENNSYLVANIA MEDICINE over the past few months. Each month I have threatened to write a letter of praise citing his unique ability to get to the bottom of what too often is seen as insurmountable confusion.

Furthermore, I want to pledge my personal support to him in his efforts, regardless of what they might be now and in the future. Sincerely, if I can help in any way, please let me know.

Dr. Capone's plastic and reconstructive surgery practice is in Pittsburgh.

WRITER URGES CHANGE IN AUTO INSURANCE STAND

A. Van Strien, MD

Currently the Pennsylvania Medical Society is in court fighting the recent change in our automobile insurance laws that limits charge levels for medical services performed in regard to automobile accidents. I am personally opposed to this action of the Society.

As a responsible professional, I think that physicians have an obiligation to help victims of accidents recuperate at the least possible cost. The Pennsylvania Medical Society would show more civic spirit if they would cease this effort.

I also believe that the Trial Lawyers Association would be showing professional responsibility if they voluntarily agree to limit fees to no more than 10 percent of settlements. This would greatly benefit accident victims by allowing them to retain more of the monies awarded to them, to better deal with this crisis in their lives. The State Society should make this a public policy and actively work to have this made into law. It will require cooperation with consumers as well as with other professionals, but the long term goals are better for the entire society.

Dr. Van Strien is an internist in Washington, PA.

PHYSICIANS IN THE NEWS

Leon S. Malmud, MD, vice president of Temple University Health Sciences Center and professor of diagnostic imaging, has been named president elect of the Society of Nuclear Medicine.

Louis R. Dinon, MD, Department of Medicine, Pennsylvania Hospital, is the 28th recipient of the Jacob Ehrenzeller Award from the the Ex-Residents Association of Pennsylvania Hospital. The award honors former residents who have made significant contributions to medicine.

Arthur R. Bartolozzi, MD, Philadelphia, an orthopedic surgeon and sports medicine specialist with the Rothman Institute of Pennsylvania Hospital, was named orthopedic surgeon for the Philadelphia Flyers professional hockey team.

Howard Gendell, MD, neurosurgeon, **Andrew Wissinger, MD,** orthopedic surgeon, and **Jeffrey Lemberg, MD,** physiatrist were panel members in a discussion of worker's compensation issues in June near Pittsburgh. Sponsored by the Harmarville Rehabilitation Center, the program offered physicians' perspectives on workers compensation issues to rehabilitation agency representatives, insurance claims professionals, and attorneys.

Norman Bass, MD, chief medical officer and senior vice president of medical affairs, Harmarville Rehabilitation Center, was appointed co-chairman of the Basic Clinical Research Training Panel Task Force by the National Institutes of Health (NIH), Office of Science Policy and Legislation. Dr. Bass and a panel of scientists, physicians, and rehabilitation professionals will develop a research plan for basic and clinical training in medical rehabilitation.

Sheldon A. Lisker, MD, chief of the Division of Hematology and Oncology at Graduate Hospital, Philadelphia, received the Dean's Award for Excellence in Clinical Teaching of the University of Pennsylvania School of Medicine.

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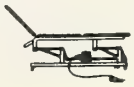

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PHYSICIANS IN THE NEWS

Harold S. Hay, MD, Somerset, was named "Family Physician of the Year" by the Pennsylvania Academy of Family Physicians during the academy's 42nd annual convention in Hershey.

Harvey A. Horowitz, MD, Philadelphia, director of the Adolescent Substance Abuse Program at the Institute of Pennsylvania Hospital, has been named president elect of the American Society of Adolescent Psychiatry (ASAP).

Richard L. Cohen, MD, professor emeritus of child psychiatry at the University of Pittsburgh School of Medicine, has been chosen president elect of the American Academy of Child and Adolescent Psychiatry.

Walter Hall, MD, Pittsburgh, chief resident, Presbyterian-University Hospital department of neurosurgery, has been awarded the Van Wagenen Fellowship from the American Association of Neurological Surgeons. The fellowship is given to one neurosurgery resident per year in the U.S. Hall completed his six-year residency in neurosurgery at the University of Pittsburgh School of Medicine in June.

Vincent S. Cowell, MD, a Medical College of Pennsylvania 1990 graduate, received the Clifford Leadership Award for Student Achievement. Dr. Cowell was honored for demonstrating a strong sense of responsibility to his peers, his school, his patients and community.

Arnold J. Smolen, MD and **Hrant H. Stone, MD,** were the recipients of the Medical College of Pennsylvania's 1990 Christian R. and Mary F. Lindback Award for excellence in teaching. Dr. Smolen, of Merion Station, is associate professor of anatomy and radiological sciences, and Dr. Stone, Philadelphia, is professor of anesthesia at MCP.

David H. Henry, MD, of the Division of Hematology and Oncology at the Graduate Hospital, Philadelphia, received the Blockley-Osler Award for excellence in clinical teaching from the University of Pennsylvania School of Medicine. The annual award recognizes the importance of teaching at affiliated hospitals of Penn's School of Medicine. Dr. Henry is also a clinical assistant professor of medicine at the University of Pennsylvania School of Medicine.

A portrait of **William C. Maddrey, MD,** Magee Professor of Medicine, department chairman and world-renowned hepatologist at Thomas Jefferson University, was presented to Jefferson by the Class of 1990. Dr. Maddrey began Jefferson's liver transplant program, rejuvenated the department's faculty and molded one of the top residency programs in the country.

John Whyte, MD, PhD, is co-editor of a book recently published by Lea & Febiger entitled *The Practical Management of Spasticity in Children and Adults.* Dr. Whyte is director of brain injury research at the Drucker Brain Injury Center, Moss Rehabilitation Hospital, Philadelphia. His co-editor is Mel B. Glenn, MD, director, Brain Injury Unit, New England Sinai Hospital, Stoughton, Massachusetts.

Warren Katz, MD, rheumatologist, was elected secretary of the boards of directors of Moss Rehabilitation Hospital and its parent corporation, MossRehab, Inc. He is chairman of the Department of Medicine at Presbyterian Medical Center and attending physician at Moss.

Terence N. Moore, MD, Lancaster, was elected president of the Pennsylvania Division of the American Cancer Society. Dr. Moore has been a cancer society volunteer for 16 years.

Richard Martin, MD, director, Emergency Medicine, Chestnut Hill Hospital, recently co-authored an article published in the Emergency Clinics of North America Journal in May. The article, "Multiple Trauma and the Elderly Patient," co-authored with **Garabet Teberian, MD,** Chestnut Hill Hospital, discussed the special circumstances and care which must be provided to elderly trauma victims.

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MEDICAL STUDENTS

INSIDER

STUDENT OFFICERS LOOK TO FUTURE

John J. Whyte
James Wurzer
John Kirchner

As we welcome back all returning students and offer a special welcome to the new first year class, we look forward to an exciting new decade for medicine and for the Pennsylvania Medical Society-Medical Student Section (PMS-MSS).

The PMS-MSS and the AMA-MSS are the strongest voices of the medical student community. Our members will have an active voice and vote in the most politically powerful and socially active medical association. They also will have an impact on state and national health policy which will affect their future as physicians. Futhermore, they will receive a wide range of benefits such as journal subscriptions *(JAMA, American Medical News, PENNSYLVANIA MEDICINE)*, insurance, and the new "AMA Drug Evaluations."

As medical students may be aware, the *Insider* is the official publication of PMS-MSS, keeping students up-to-date on medical student activity in the state and throughout the country. This publication is issued quarterly and we are proud to announce that starting with this issue, the *Insider* will now appear in *PENNSYLVANIA MEDICINE*. Incorporation into this magazine indicates the importance of the student section to the general membership. We truly have a vital role in the medical society.

It is our goal that the *Insider* serve as a forum for student viewpoints, thoughts, and activities. There are no set standards for submissions. Examples include personal essays, book reviews, poetry, updates of chapter activities, photoessays, or any type of creative work or art. Topics do not have to be medically related. If you have an idea, let us know about it. We're interested in what you have to say.

Medicine today is in a state of flux—it is being practiced very differently from a decade ago. Technological advances and budgetary constraints pose serious concerns. Medical students can help tackle these challenges by playing an active role in establishing future health policy. The best way to learn how this system works is to assist in developing and changing the system itself.

We all know that the medical school curriculum is rigorous. However, it does allow time to get involved and we invite students to do so. The PMS-MSS offers many programs, activities, and opportunities which allow medical students to make a difference. Find out what it's all about! Contact your chapter president or Christine Reese at 1-800-228-7823.

The authors are members of the PMS Medical Student Section Editorial Board. On the PMS Medical Student Section Governing Council are Robert Gainor, chairman; Kellen Kovalich, vice chairman; John J. Whyte, secretary/treasurer; James W. Thomas, past chairman; Asha Manoharan; Don Santora, Jr.; and James Brian.

Annual Meeting Notice

The Pennsylvania Medical Society Medical Student Section Governing Council will hold its annual meeting on October 18, 1990 at Hershey, Pennsylvania. PMS-MSS officials will be elected and special programs and activities will be discussed. All Pennsylvania medical students are welcome. For more information contact your local chapter president or Christina Reese at the State Society 1-800-228-7823.

MEDICAL SCHOOL SECTION: OVERVIEW AND OUTLINE

John Whyte

The Pennsylvania Medical Society Medical Student Section (PMS-MSS) was established by the Society's House of Delegates in 1981, giving students membership status in the State Society. The MSS was created in an attempt to promote cooperation, communication, exchange of ideas, and sharing of resources among Pennsylvania medical and osteopathic schools.

Locally, each medical and osteopathic medical school is represented by a chapter president. A statewide Governing Council, comprised of one student from each medical and osteopathic school, directs the activities of the section. Five standing committees of the Governing Council pursue a number of funded projects. They are the Academic, Financial Aid, Legislative, Membership, and Student Well-Being Committees. Any PMS/MSS member may join a committee by notifying the local chapter president, a Governing Council member, or the student chairperson of the committee.

There are other ways to get involved. Students can provide representation to PMS councils and committees which are comprised primarily of physicians. These positions offer a valuable opportunity to learn about some practical aspects of medicine that are not available in the classroom. Contact a Governing Council member to learn more about these positions and the application procedure.

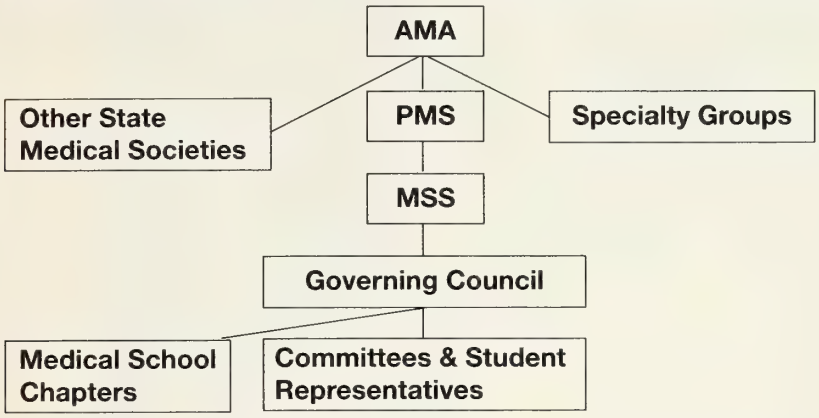
In October, in conjunction with the meeting of the Society's House of Delegates, the PMS/MSS Governing Council conducts its major business meeting of the year. At this meeting, student resolutions to effect changes or institute programs in the State Society or the AMA are proposed and debated. In addition, the PMS/MSS Governing Council members, student delegates to the PMS House of Delegates, and PMS/MSS standing committee chairpersons are elected for the coming year. Any medical student may seek membership in the PMS-MSS, attend its meetings as an observer, or speak to issues before it.

The House of Delegates is the lawmaking body of the Pennsylvania Medical Society. Medical students are represented in the House of Delegates by a voting delegate from each Pennsylvania medical and osteopathic medical school. Resolutions of state or national significance can be introduced by these delegates and if approved may even be forwarded to the AMA House of Delegates for approval as national policy. Within the past few years, several resolutions from Pennsylvania medical students have become AMA policy.

How PMS relates to AMA

In a sense, PMS acts as a mini-AMA. The AMA House of Delegates has many sections, including a Medical Student Section, and they are composed of mem-

bers from across the country. PMS-MSS is one of the 50 state medical student sections which make up the AMA-MSS. The following diagram may be helpful:



Twice a year, in June and December, the AMA holds business meetings where decisions about AMA policy are made. The annual meeting each year is in Chicago, where the AMA is headquartered, and the interim meeting is held in another part of the country—this year in Orlando, FL. Each medical school sends a delegate and alternate delegate to these meetings to represent student interests. Your school's delegate can provide details about important resolutions.

A great deal of time and effort has gone into the establishment of the PMS-MSS. It can be a powerful tool for student representation in organized medicine. All that is needed is student participation. Become involved!

The author is editor of the PMS-MSS newsletter and is a student at Temple University School of Medicine.

A STEP UP THE MOUNTAIN

Marica Pook

This past summer I followed two oncologists around, learning, listening, participating, and occasionally wishing I could be somewhere else.

Each day before going on rounds, I would meet with the doctors to make a list of patients to see that day. We would discuss the patients' conditions, and then leave for the hospital. On a few occasions, when a patient's name was not mentioned, I would ask, "Well, what about Mrs. Brown? Aren't we going to see Mrs. Brown?" A small silence would follow. "She died the other day," the response would be. Another small silence would follow. What do you say to a physician when they lose a patient? "Bummer," or "Better luck next time?" Or do you just say nothing?

I learned that death occurred quickly, seemingly without warning. When I first saw Mr. Smith one Thursday, he was on the oncology floor with a low grade infection following treatment. What struck me was that he was not participating—his wife and children asked and answered all the questions. Mr. Smith would simply lie there and look at us, too tired, too resigned to participate in his own illness. It was as if he had given up control of his body to his family and was simply waiting.

The next Monday when I saw him he was in intensive care, barely awake, and totally unresponsive.

On Tuesday I went straight up to his room. At the nurses' station, the head nurse was saying, "Mr. Smith is coming up to 602 to die." The way she said it was flat, unemotional; like announcing what the lunch menu was for the day.

As she spoke, a group from ICU came off the elevator wheeling Mr. Smith. The head nurse conferred with them briefly, and then came back, saying, "It won't be long now anyway. He went into cardiac arrest on the elevator." The other nurses nodded and went back to their charts. I stood there feeling ridiculous and out of place. Mr. Smith was one of "my" patients—how could she just say that he was "coming up to die" and then go back to her papers? But maybe death in a large hospital is like that; a light flickering out unnoticed, because it is one of many.

Not all the deaths I saw were treated like this. Mrs. Jones, in her late sixties, had had cancer for several years. She had come to the end of her illness and had slipped into a coma. Her husband kept a constant vigil, watching and waiting calmly for the end. He always greeted me warmly, asked me what I had learned that day, and told me that more doctors were needed like the ones with whom I worked. He was always polite and would shake my hand each time I came in.

One day the doctor told him, "I'm sorry. I think it won't be long now—probably a few days." Mr. Jones looked at his wife with her rattling breathing and swollen abdomen and said, "She's fought so hard. She deserves some peace." He looked at us with those clear blue eyes and I saw the love he had for his wife, and the dignity with which he would let her go. He knew his wife's time had come, and his only wish was that her death be peaceful. We all should have such dignity, I thought, as he placed his hand in mine and told me to keep learning all that I could.

Sometimes my own feelings shocked me. One day, with a different doctor, I saw a woman who was being kept alive only by machines and drugs. She had had a massive stroke, was comatose, and was not expected to regain consciousness. I remember looking at her mouth, which was blackened due to infection, and watching the respirator mechanically ventilate her. Feeling nauseated, I wanted her to die. I knew death was inevitable, but wondered how long until that end was reached.

I never saw her again, but was so shaken by my feelings that I spoke to my favorite professor about them. His response startled me: "Welcome to medicine, Marica. This is the first time you have felt this way, but it will not be the last. You will experience this over and over throughout your career. Medicine is like climbing a mountain; you go up one step at a time. Feelings like these are common; dealing with them is just another step up the mountain."

Marica Pook is a third year student at Hahnemann University School of Medicine.

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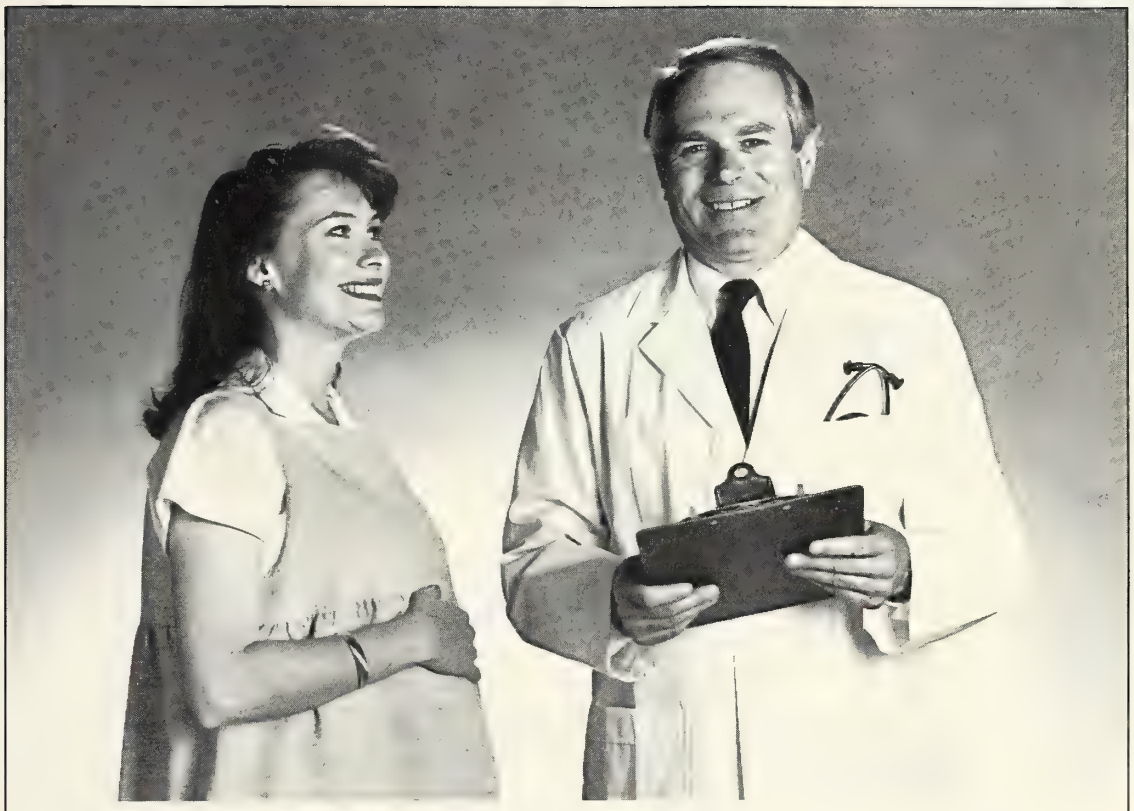

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Lansdale Med. Group, Lansdale 19445
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John J. Lukaszczyk, MD, *Gen. Surg.*
701 Ostrum St., Ste. 602, Bethlehem 18015
Robert N. Slade, MD, *Emergency Med.*
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8796 Duveen Dr., Wyndmoor 19118
William S. Bergen, MD, *Gen. Surg.*
2 Independence Pl., #806, Philadelphia 19106
Donald E. Buck, MD, *Internal Med.*
4105 Baltimore Ave., #1R, Philadelphia 19104
Colleen J. Christian, MD, *Ophthalmology*
Wills Eye Hospital, 9th & Walnut Sts., Philadelphia 19107
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130 Spruce St., #31-C, Philadelphia 19106
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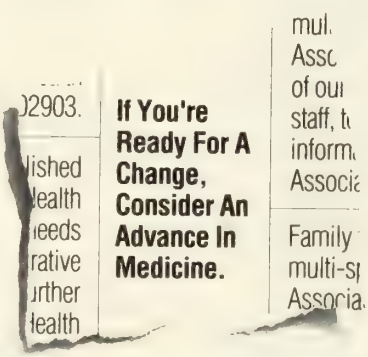

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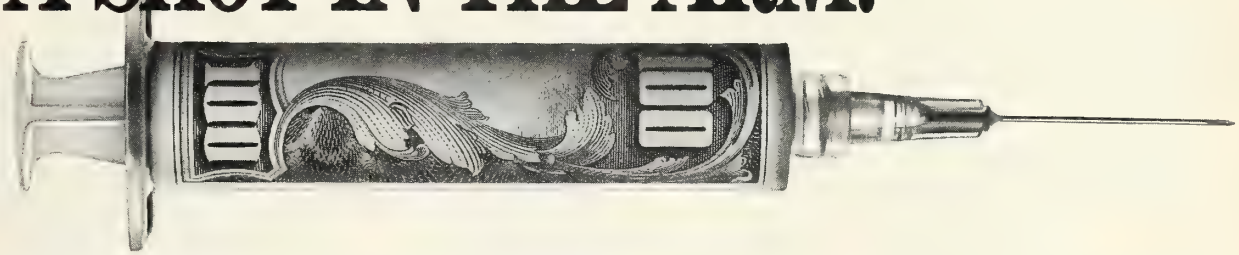

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OBITUARIES

• Denotes PMS membership at time of death.

Harry C. Bantly, *DuBois*
Jefferson Medical College, 1942; age 72, died June 30, 1990. Dr. Bantly was a general practitioner. •

Ralph S. Buvinger, *Monroeville*
Vanderbilt University School of Medicine, 1930; age 84, died June 6, 1990. Dr. Buvinger was an internist. •

Jack S. Ersner, *Philadelphia*
Temple University School of Medicine, 1930; age 83, died June 7, 1990. Dr. Ersner was an endocrinologist. •

Harold E. Farmer, *Wayne*
University of Pennsylvania School of Medicine, 1932; age 86, died May 10, 1990. Dr. Farmer was an internist. •

Louis L. Friedman, *Pittsburgh*
University of Pittsburgh School of Medicine, 1922; age 91, died July 14, 1990. Dr. Friedman was an otolaryngologist. •

Montefiore L. Joseph, *Pittsburgh*
University of Toronto Faculty of Medicine, 1943; age 71, died June 16, 1990. Dr. Joseph was a psychoanalyst. •

Clara M. Lehman, *Tyrone*
Medical College of Pennsylvania, 1935; age 88, died July 1, 1990. Dr. Lehman was an internist. •

Eugene H. Mateer, *State College*
University of Pittsburgh School of Medicine, 1934; age 80, died April 27, 1990. Dr. Mateer specialized in cardiovascular diseases. •

Henry M. Min, *St. Marys*
University of Colorado School of Medicine, 1940; age 75, died June 22, 1990. Dr. Min was an orthopedic surgeon. •

Leo Perloski, *Middleport*
St. Louis University School of Medicine, 1932; age 88, died May 14, 1990. Dr. Perloski was a general practitioner. •

Theodore W. Plume, *Huntingdon Valley*
University of Pennsylvania School of Medicine, 1938; age 79, died April 16, 1990. Dr. Plume was a general practitioner. •

Peter C. Posatko, *Plains*
Temple University School of Medicine, 1942; age 73, died June 22, 1990. Dr. Posatko was a general practitioner. •

John H. Taeffner, *Honeybrook*
University of Pennsylvania School of Medicine, 1930; age 86, died May 25, 1990. Dr. Taeffner was a neurologist. •

Willard F. Walters, *Pittsburgh*
University of Pittsburgh School of Medicine, 1926; age 92, died May 23, 1990. Dr. Walters was a gynecologist. •

Hyman E. Yaskin, *Haddonfield, NJ*
Jefferson Medical College, 1935; age 80, died April 27, 1990. Dr. Yaskin was a psychiatrist. •

John C. Cresswell, *Philadelphia*
Temple University School of Medicine, 1989; age 44, died May 21, 1990.

Philip J. Duca, *Wynnewood*
Temple University School of Medicine, 1935; age 79, died July 1, 1990. Dr. Duca specialized in occupational medicine.

James F. Galbally, *Philadelphia*
University of Pennsylvania School of Medicine, 1941; age 74, died June 21, 1990. Dr. Galbally was an internist.

Oren W. Gunnet, *Codorus*
Jefferson Medical College, 1930; age 86, died May 4, 1990. Dr. Gunnet was a general practitioner.

Alfred J. Haines, *Pittsburgh*
Marquette University School of Medicine, 1933; age 84, died June 30, 1990. Dr. Haines was an anesthesiologist.

Henry F. Hottenstein, *Millersburg*
University of Pennsylvania School of Medicine, 1935; age 79, died June 25, 1990. Dr. Hottenstein was a general practitioner.

M. Price Margolies, *Thorndale*
University of Pennsylvania School of Medicine, 1941; age 75, died June 8, 1990. Dr. Margolies was a cardiologist.

John H. Newman, *Greensburg*
University of Pittsburgh School of Medicine, 1942; age 73, died May 6, 1990. Dr. Newman was an obstetrician and gynecologist.

John Pfromm, *Allentown*
Hahnemann University School of Medicine, 1943; age 73, died June 24, 1990. Dr. Pfromm was an otolaryngologist.

Milton J. Poulshock, *Cheltenham*
Philadelphia College of Osteopathic Medicine, 1961; age 53, died May 11, 1990. Dr. Poulshock was a general practitioner.

Albert J. Rossi Jr., *Pittsburgh*
University of Pittsburgh School of Medicine, 1976; age 38, died May 26, 1990. Dr. Rossi was a psychiatrist.

Harold C. Walmer, *Elizabethtown*
Age 63, died May 25, 1990. Dr. Walmer was a surgeon and specialized in acupuncture.

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GRAND ROUNDS WEDNESDAYS

8:30 a.m.–9:30 a.m.
September–December 1990

SEPTEMBER 1990

September 5, 1990
CORONARY HEART DISEASE AND HOW TO PREVENT IT
William Roberts, MD
Chief, Pathology Branch
NHLBI, NIH
Clinical Professor of Medicine, (Cardiology) and Pathology
Georgetown University
Washington, D.C.

September 12, 1990
DIAGNOSIS OF HIV INFECTION
Charles J. Schleupner, MD
Associate Professor of Medicine
University of Virginia School of Medicine
Chief, Infections Diseases Section, VA Medical Center
Salem, VA

September 19, 1990
METABOLIC, NEUROLOGIC AND HEMATOLOGIC MANIFESTATIONS OF SPHINGOLIPIDOSIS
A. Charles Winkelman, MD
Professor of Clinical Neurology
Director, Neuro-Ophthalmology
Hahnemann University
S. Benham Kahn, MD
Professor and Vice Chairman
Neoplastic Diseases
Hahnemann University
David A. Wenger, PhD
Professor of Medicine, Biochemistry and Molecular Biology
Jefferson Medical College
Philadelphia, PA

September 26, 1990
CRITICAL CARE MEDICINE: ALVEOLAR EDEMA AND TISSUE OXYGEN TRANSPORT
Michael A. Mathay, MD
Associate Professor of Medicine and Anesthesia
Director, MICU, UCSF
San Francisco, CA
David R. Dantzker, MD
Professor and Director
Pulmonary and Critical Care Medicine
University of Texas Medical School
Houston, TX

OCTOBER 1990

October 3, 1990
PITUITARY ADENOMAS: DIAGNOSIS AND TREATMENT
Peter Snyder, MD
Associate Professor of Medicine
Division of Endocrinology
University of Pennsylvania School of Medicine
Philadelphia, PA

October 10, 1990
CHANGING PATTERN OF AIDS AND THE LUNGS
Philip C. Hopewell, MD
Professor of Medicine
University of California, SF
Chief, Chest Service, San Francisco General Hospital
San Francisco, CA

October 17, 1990
DIVISION OF CARDIOLOGY CLINICAL RESEARCH: CARDIAC IMAGING
Eric L. Michelson, MD
Professor of Medicine
Director, Division of Cardiology
Hahnemann University

October 24, 1990
CARDIAC REMODELING: CLINICAL IMPLICATIONS AND THERAPEUTIC OPTIONS
Gervasio A. Lamas, MD
Assistant Professor of Medicine
Harvard Medical School
Boston, MA

October 31, 1990
DIABETIC NEPHROPATHY
Eli A. Friedman, MD
Professor of Medicine
Chief, Division of Renal Disease
SUNY Health Science at Brooklyn
Brooklyn, NY

NOVEMBER 1990

November 7, 1990
STEROID ABUSE IN THE ATHLETE
Robert Cantu, MD
Chairman, Dept. of Surgery
Chief Neurosurgery Service
Director, Service of Sports Medicine
Emerson Hospital
Concord, MA
Consultant, Sports Medicine Comm.
USA American Boxing Federation

November 14, 1990
CONTROVERSIES IN NON-CARDIAC CHEST PAIN (Gastro-Esophageal Reflux, Achalasia)
Sidney Cohen, MD
Professor and Chairman, Department of Medicine
Temple University School of Medicine
Philadelphia, PA

November 21, 1990
DIVISION OF PULMONARY MEDICINE AND CRITICAL CARE
Edward Schulman, MD
Associate Professor of Medicine
Director, Division of Pulmonary and Critical Care Medicine
Hahnemann University

November 28, 1990
MEDICAL MANAGEMENT OF DEPRESSION AND ANXIETY
Gary Tollefson, MD, PhD
Associate Professor of Psychiatry
University of Minnesota
Minneapolis, MN
Jonathan O. Cole, MD
Chief, Psychopharmacology Program
McLean Hospital
Belmont, MA

DECEMBER 1990

December 5, 1990
PTCA VS BYPASS GRAFT SURGERY FOR CORONARY ARTERY DISEASE
William S. Frankl, MD
Vischer Professor of Medicine and Chairman, Department of Medicine
Director, Likoff Cardiovascular Institute
Hahnemann University

December 12, 1990
ABNORMALITIES OF THROMBOSIS AND THROMBOEMBOLISM
Daniel Deykin, MD
Chief of Medicine, Director, Health Services Research and Development, Boston VA Medical Center
Boston, MA

December 19, 1990
AGING OF SKIN
Richard L. Speilvogel, MD
Professor of Medicine and Dermatology
Director, Division of Dermatology
Hahnemann University

WEDNESDAY MEDICAL SEMINAR SERIES

8:30 a.m.–3:30 p.m.

September 26, 1990
CRITICAL CARE

October 10, 1990
AIDS TREATMENT

November 7, 1990
MEDICINE IN ATHLETICS

November 28, 1990
MEDICAL MANAGEMENT OF DEPRESSION AND ANXIETY

December 12, 1990
ABNORMALITIES OF THROMBOSIS AND THROMBOEMBOLISM

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William S. Frankl, MD
Professor of Medicine and Chair
Department of Medicine

Allan B. Schwartz, MD
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PMS PROFILE

LA MEME CHOSE: COUNTY MEDICAL SOCIETY STORY

David L. Miller, MD

Dr. Miller retired from the PMS Board of Trustees in October 1989. He is a trustee of the PMS Educational and Scientific Trust, and serves as medical director at Brookville Hospital.

Many years ago, as a "rookie" delegate to the PMS House of Delegates, I had a conversation with an older, experienced delegate from a large county. He told me that, in his opinion, "real medicine" was practiced in such areas as Clarion County more than in larger metropolitan areas. He embellished these remarks at great length and, needless to say, this was a great encouragement to a young delegate surrounded by strangers and somewhat confused by everything that was going on.

The minutes of the Clarion County Medical Society exist from January 1890 onward and the centennial of this society seems to be worthy of some note. The title of this article arises from a perception that the same concerns have appeared in the minutes of the county society for 100 years: *plus ca change, plus c'est la meme chose.*

Clarion County is a small rural county in western Pennsylvania. Within the Pennsylvania Medical Society it is one of the counties known as an "Acey/Ducey" county, meaning that it is small—with two votes in the House of Delegates—but perennially active in State Society affairs. The county society was organized as early as 1865, but no minutes are available. Almost nothing is known of the society prior to 1890, except that in 1877 there were 26 members.

The county society, like the county itself, has had a small population. The members of the county society, who meet regularly with fairly good attendance over the years, can be characterized as loyal, friendly, competent physicians. There has always been a lively interest in organized medicine, although there have been few "movers and shakers." Review of the minutes reveals a steady appearance of concerns in the following categories: legislative, clinical, local (including public health), educational, collegial, and social concerns. Members have frequently served on State Society councils and committees. Two have been district trustees and at least one has served on an AMA Committee.

The minutes from January 1890 to November 1973 are written in longhand in one large bound volume. The handwriting is excellent from 1890 until 1907, when it is recorded that $2.50 was spent for a new book and $5.00 for transcription of the minutes. From then until 1973 when the last page was filled, the penmanship deteriorates, although it is usually legible.

Lively interest in legislative concerns is apparent from the beginning. In the early years, there was concern about registration of physicians and whether physicians who appeared in the county were actually qualified to practice. There was a recommendation in 1890 for a law requiring the County Examining Board to pass judgment on the diplomas of applicants. This appeared to be a never-ending concern, as various "itinerating" physicians were a thorn in everyone's side. In 1893, suit was brought against one physician who was charged with itinerating and practicing without a license. Costs of this suit were mentioned in the minutes of various meetings. Finally, a bill for $15.99 was paid for prosecution of this irregular practitioner. In 1902, a Dr. Baker was commissioned to "waken up the state board" in the matter of prosecution of unqualified physicians. In 1892, a letter was sent to Congress asking for passage of the Pure Food and Drug Bill. The letter states that "we hold the majority party responsible for what they don't do as much as for what they do do."

Malpractice concerns were first mentioned in a paper read at the society in April 1893. Two unrelated papers were read at that meeting, followed by "a general discussion and illustrated by Dr. Wireback by reciting a few stanzas of poetry." In 1910, the subject of a meeting

was defense of malpractice suits and in particular the assistance given by the State Society. Malpractice concerns were not mentioned again in the minutes until September 1965.

Over the years, two county doctors have served in the legislature, one in the House of Representatives and one in the Senate. Their reports on legislative activities appear from time to time. In July 1922, for the first time, candidates for the legislature were asked to discuss "new laws" at a meeting of the county society. In January 1923, an objection to placing the school health program in the Department of Public Instruction rather than the Department of Health was presented to the legislature by the society. This objection was well thought-out and well presented. Today's State Society would be perfectly satisfied with the presentation found in the minutes of that meeting. Active discussion frequently appeared regarding controversies with the United Mine Workers, concerns about the Forand Bill and the Kerr Mills Bill and, in the early sixties, there was discussion on attitudes toward "Medicare." The quotation marks are found in the minutes. In later years, legislative concerns appear in practically every set of minutes.

Local societal concerns play a large part in the minutes, sometimes with a great deal of humor, at least to a present-day reader. Noteworthy is a request in November 1893 that each physician bring in a list of his "deadbeats." The plan was to make that list available to every member. At a later meeting it was announced that any member not having submitted his own "black list" not be entitled to the master list. Who says that the sin of avarice first appeared with the advent of Medicare? Eventually, the society took action condemning this practice.

Members apparently were coming and going frequently in the early years of this century and, on the acceptance of new members, it was frequently mentioned that the members "took the obligation and were instructed in the mysteries of the society." Present day members have no recollection of any mysteries, nor of any peculiar obligation except payment of dues. Non-payment of dues was a frequent concern. At one meeting, it was agreed that "no member be carried in arrears and let each tub stand on its own bottom." I had never encountered this figure of speech until I heard that it is a policy of Harvard University that each graduate school be autonomous and be responsible for its own finances, "each tub standing on its own bottom." At a later meeting, there was a motion that members in arrears in their dues be "skidooed." The society obviously earned the loyalty of many of its members. At one meeting at which a quorum failed to arrive, the secretary wrote as his report of the meeting his "everlasting wish that the society will ever flourish." Banquets were held to which wives, friends, and sweethearts were cordially invited. At one banquet a committee was appointed to "see to music and cigars."

The book of minutes contains many newspaper clippings, mostly obituaries of deceased physicians. In the early years of the society, the obituaries contained graphic descriptions of the valiant fight of the attending physicians to stave off the angel of death. A sample of writing from 1927: "All night long the three physicians worked over him, and all next forenoon; but the pale horse and his rider claimed him and medical skill met its Waterloo;" and "countless patients whose burning brows and parched lips gave way to health because of thy healing touch now live to bless thy name and thank God that thou didst live. . .farewell dear friend o'mine, farewell."

Public health was obviously an ongoing concern of the society membership. In 1903, a meeting addressed the problem of sterilizing drinking water in communities in the county. In 1908, a free tuberculosis clinic was established for the "care of the poor." Also in 1908, a committee was activated to consider an "asylum for inebriates."

Medical ethics received continuing attention, although specific details of the ethical position of the society were not spelled out. As early as 1893, antivivesection bills were noted to be in the legislature and the society took active positions against such legislation. A nursing bill in the legislature was actively discussed in 1908, and at that time, mention is made of a state hospital for inebriates. In 1895, a physician brought charges against a respected member of the society for using a "secret remedy for hernia." Action vis-a-vis these charges was discussed at two meetings with strongly stated opinions on both sides. Finally, cooler heads prevailed and the members decided to wait and see what the offending physician could say in defense. Months later, he appeared at a meeting to defend himself. At this time he said that he had no idea that the remedy was a secret and anyhow, it didn't work and he had stopped using it. The charges were dropped.

Clinical reports and papers appear throughout the history of the society. In one of the early meetings, a paper was presented on the treatment of club foot. A case of club foot was then demonstrated to the members and, after the adjournment of the meeting, the members present proceeded to operate on the patient.

In 1894, a physician presented the strange case of a "treble pregnancy" with two children and a mole. Dr. Wireback, whose name appears prominently in the minutes of those days, was reported to have seen nothing so strange about this case. He then presented a case of his own of a "fleshy mole pregnancy of ten months." Another "treble pregnancy" was discussed. I've delivered one set of triplets myself, one of three sets I knew of and here were two "treble pregnancies" reported in one meeting! Truly this was a different age. The discussion apparently went on from there as to the nature of a sarcoma and whether or not it was malignant. While many of the clinical reports sound strange to our ears today, we should recall that this was the state of the art and that many text books of the time probably sound equally strange.

Papers were presented at each meeting, as many as four at some meetings. From time to time, a paper so impressed the membership that it was agreed that the paper should be submitted to the State Society for publication in its journal.

Speakers from Pittsburgh (about 70 miles distant) were frequently present. On one occasion it was announced that the speaker from Pittsburgh had stopped off on his "honeymoon trip" to present a paper on middle ear disease. In July 1907 at the annual banquet, it was reported that Dr. Koenig gave one of the best talks ever heard on typhoid fever. This Dr. Koenig was Dr. Adolphus Koenig of Pittsburgh, president of the Pennsylvania Medical Society in 1904, and father of a toddler who was later to become and still is a highly respected member of the Clarion County Medical Society.

Frequent meetings were held for the benefit of the public and to which the public was invited. These meetings discussed such subjects as treatment of tuberculosis, child care, and school health programs.

In addition to the scientific papers presented at almost every meeting, there was obvious concern for educational activities. The society frequently organized educational meetings and post-graduate courses for the Ninth District county societies. The doctor's place in society was an ongoing concern. At one meeting in 1901, a series of talks was presented, including "The Doctor as Citizen," "The Relation of Medicine to Other Learned Professions," "The Doctor as Politician," "The Relation of Ministry to the Medical Profession," "The Relation of Lawyers to the Medical Profession," "The Dentist and Doctor," and "The Doctor's Wife." The time of adjournment of this meeting is not noted. The minutes reveal many delicious stories and one wonders whether the secretary wrote with tongue in cheek on frequent occasions.

Where do we stand today? The health of the county society has been a subject of concern to organized medicine in recent years. Physicians have naturally adopted loyalties to hospital medical staffs and to specialty societies. Fragmentation of the profession is a real danger in today's environment, a trend increased by specialty society loyalties and by an educational experience which is directed toward developing expertise in a particular specialty. For most of us, collegial feelings developed early in medicine when each medical school class took the same courses and the medical school curriculum was practically identical in all schools.

Why then have a county society? Looking back over the record of 100 years, it seems to me that we have changed very little. The cardinal reason for having a federation of organized medicine is the one that we hear all the time: we are threatened and the "system" which we enjoy and which, with all its admitted shortcomings, provides the best medical care in the world, is under attack.

In order to continue to provide this care and to improve it we must have a unified voice, the voice of the entire federation: county society, Pennsylvania Medical Society and American Medical Association. Only with a unified voice representing the entire profession will we be heard and respected by government. The members see little of this activity unless they look for it, but I have seen it. It is there and it is effective. Our lobbyists are respected in Harrisburg and the AMA Congressional lobby in Washington is extremely impressive.

The specialty societies undoubtedly provide an important service to their memberships, but as they grow in strength, the danger is very strong that medicine will not speak with a unified voice and that specialties will compete with each other. We have seen this already with the American College of Surgeons negotiating an acceptance of expenditure targets if loss of fees to some surgical specialties were eliminated. The complexities of Federal Trade Commission activities and threats are obviously too much for any single specialty or even any state society to handle. The AMA's value to all of us in this single instance should be apparent to all. Pennsylvania has taken the bold step of unified membership with the AMA. We are an example to the nation, and it remains to be seen if other states have the wisdom and the courage to follow our lead.

In addition to being an essential part of the federation of organized medicine, the county society is the keeper of our legends and an important tie with our past. It is a reminder not only of our noblest aspirations and our noblest predecessors, but also of the uncertain fumbling of the profession to reach the point where we are today. It is an important exemplar of our collegiality. The county medical society is one of the repositories of medical ethics. More often than we think, the older doctor is a role model for his younger colleague. We all recognize that much of medical practice cannot be taught in school. Techniques, procedures, pathology can be taught, but not wisdom, empathy and attitude toward our patients. I submit that these important qualities are best absorbed in a mentor-neophyte relationship and that the best such qualities result in superior results in practice, in better patient care, if you will. It is certainly possible to absorb these qualities in a lot of places, but I believe that in the deliberations of a county medical society, generosity, knowledge, steadfastness and wisdom, as well as selfishness, fakery, and ineptness will be readily apparent.

A recent *JAMA* includes two articles and an editorial on "Medical Student Abuse." I do not know how common this really is, but it results in the deidealization of the profession. The perception of a competent, caring practitioner either in hospital or in a county society by a young physician starting out in practice should go far to reinstate the ideals he started with.

While our predecessors of 100 years ago were, by our lights, woefully lacking in technology, they show us that the profession is the same. We continue to guard jealously our recognition as educated, qualified practitioners and to weed out those who, by setting themselves up with false qualifications, endanger the health of our patients. We continue to make our voice heard in the halls of Congress and continue to threaten the majority party with the reminder that they will be judged by what they do not do as much as by what they do do. We continue to have a lively interest in the unusual case and in furthering our education, and we continue to have strong concern about public health measures and what the legislature can do to improve public health. We continue to have a passionate interest in how medicine is practiced and, therefore, in the care which our patients receive. We continue to enjoy each other's company.

The life of a doctor in a small town tends to be somewhat lonely. The county medical society provides a social outlet and an opportunity to exchange ideas with colleagues whom one sees only rarely. And so, over the span of 100 years, we salute and hail our predecessors who have contributed so much to bringing us to our present enviable position.

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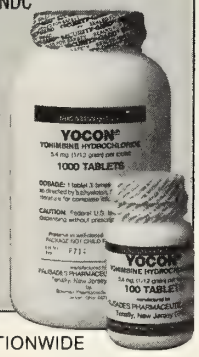

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MEDICAL FEATURE

TRENDS IN PHILADELPHIA LUNG CANCER MORTALITY RATES

William Weiss, MD

The epidemic of lung cancer in the United States during the 20th century has long been recognized. Evidence indicates that the epidemic curve for white males will peak in the near future. Age-adjusted rates for white males began to level off in the late 1970s and actually fell between 1982 and 1983. The rates in females continued to rise.[1]

The trends in age-specific rates for white males from 1950 to 1984 have shown that the recent downturn has been limited so far to the age groups under age 55.[2] The progression in these declines by age is interesting. The declines began in the late 1960s for white males aged 25–34, in the late 1970s for those aged 35–44, and in the early 1980s for those aged 45–54.

Such age-specific trends strongly suggest birth cohort effects and cohort analysis confirms these effects.[3] For males aged 45–54, the highest age group showing a substantial decline in lung cancer mortality rates in recent years, the rates rose steeply in cohorts born in 1891 to 1930. A substantial fall in the rate then occurred in the cohort born between 1931 and 1940, i.e., those who reached the age of 45–54 largely in the 1980s.

After following the trends in lung cancer mortality rates for Philadelphia residents from 1955 to 1984, I report here these trends and offer an explanation for changes in age-specific rates over this 30-year period.

Dr. Weiss is emeritus professor of medicine at Hahnemann University, Philadelphia. He is editor of Philadelphia Medicine.

Method

Data on deaths from lung cancer by age, race, and sex were obtained from the annual Vital Statistics Report of the Philadelphia Department of Public Health. For a few of the early years data were missing but were obtained from the State Health Data Center, Pennsylvania Department of Health, Harrisburg.* Because deaths were tabulated for residents only since 1954, data were assembled in 5-year calendar periods beginning with 1955–59. The age-specific population denominators for the calculation of rates were obtained for the middle year of each 5-year period (1957, 1962, etc.) based on interpolation between censal year figures. In the 1980–84 period, however, they were taken as estimated by the Philadelphia Department of Public Health for 1982. The rates were calculated for 10-year age groups beginning with 35–44-year-olds and ending with those aged 85 and over.

During the 30-year period the International Classification of Diseases (ICD) went through four changes from the 6th to 9th revisions. In the 6th and 7th revisions, ICD numbers 162 and 163 were used for the category of cancer of the trachea, bronchus, and lung. In the 8th revision, only ICD number 162 was used for this category. It was in the change from the 7th to 8th revision that a significant effect on the lung cancer statistics occurred.[4] However, the comparability ratio was only 1.024. Because this correction was only 2.4 percent and did not have a substantial impact on the shape of the curves, the rates were used without correction.

The trends in age-specific rates were plotted on an arithmetic scale rather than a log scale to keep the curves in proper perspective. Only the rates for white males and females were plotted. The curves for nonwhite males were similar to those for white males. The data for nonwhite females were too sparse to interpret adequately.

Results

Figure 1 shows the curves for age-specific mortality rates in white males. The only suggestion that a peak was achieved ap-

* The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.

pears in the curve for the 35–44 age group; a small decline is seen in the 1980–84 period. Successively older age groups show significant changes in the slopes of the curves. In age groups 45–54 and 55–64 the curves are flat. Above age 65 the curves become progressively steeper. Although the oldest age group (85 and over) started out in 1955–59 at a lower rate than that of age groups between 55 and 84, the slope was the steepest. It went from a rate just below that for age group 55–64 to a rate just under that for age group 75–84 in the 30-year period.

Figure 2 shows the curves for white females. They differ rather markedly from those for white males. First, all the rates are lower than those for white males (note the difference in the vertical scales between the two figures). Second, none of the curves show a peak and decline. Third, all the female curves have steeper slopes than those for the corresponding male age groups until age 75 and over. Fourth, the curves for the three oldest age groups (65 and over) did not begin a steep rise until the 1960s.

Discussion

The recent small decline in lung cancer rates among white males in the United States is reflected only among young white males in Philadelphia. Nevertheless, this decline is encouraging. Cigarette smoking is acknowledged to be the dominant cause of lung cancer in males. Because the prevalence of cigarette smoking among males and the tobacco content of cigarettes have declined substantially over the past two decades,[5] prospects are good for the subsidence of the lung cancer epidemic. The interval between onset of exposure to cigarette smoke and the diagnosis of the disease is measured in decades, ranging from 20 to 60 years or more. Therefore, the first evidence of a fall in the disease rate has been expected in the 1980s.

Smoking habits have varied markedly by birth cohort. Among males born in 1891–1900 the percent of persons who ever smoked cigarettes exceeded 60 percent.[3] The figure peaked at almost 80 percent in the 1921–30 cohort and fell for the first time in the 1931–40 cohort. In contrast, all similar cohorts among females showed much lower percentages at first but then showed a more rapid rise and no decline in the 1931–40 cohort.

Even more striking are the variations in duration of peak cigarette smoking prevalence by 10-year birth cohorts and sex as reconstructed by Harris.[6] Smoking histories were obtained by the U.S. National Center for Health Statistics through the Health Interview Survey (1978–80) from a representative sample of the U.S. civilian noninstitutionalized population. Face-to-face interviews were conducted on 20,440 males and 24,955 females.

The results in males showed that the peak prevalence of cigarette smoking rose with each successive birth cohort from

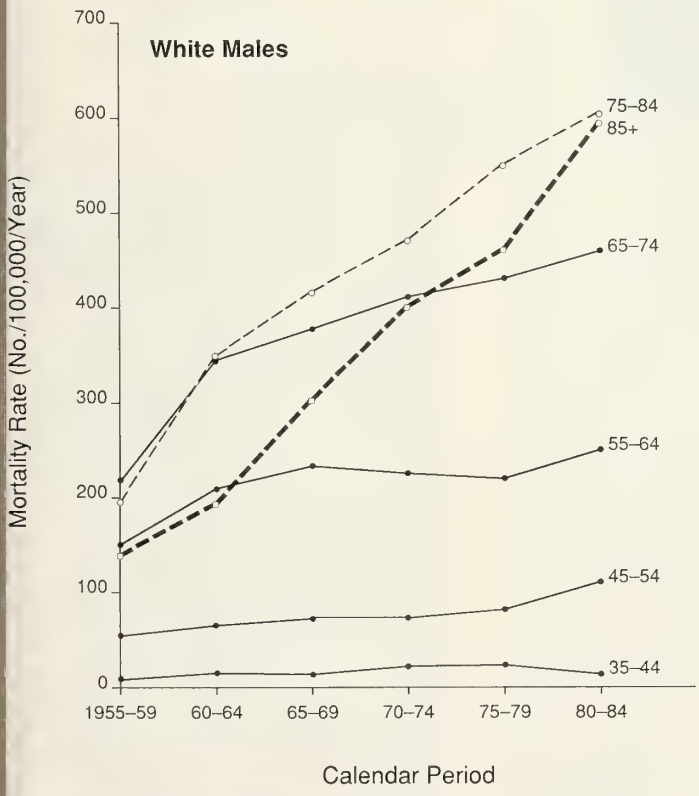

Figure 1. Age-specific lung cancer mortality rates from 1955–59 to 1980–84 in Philadelphia white males.

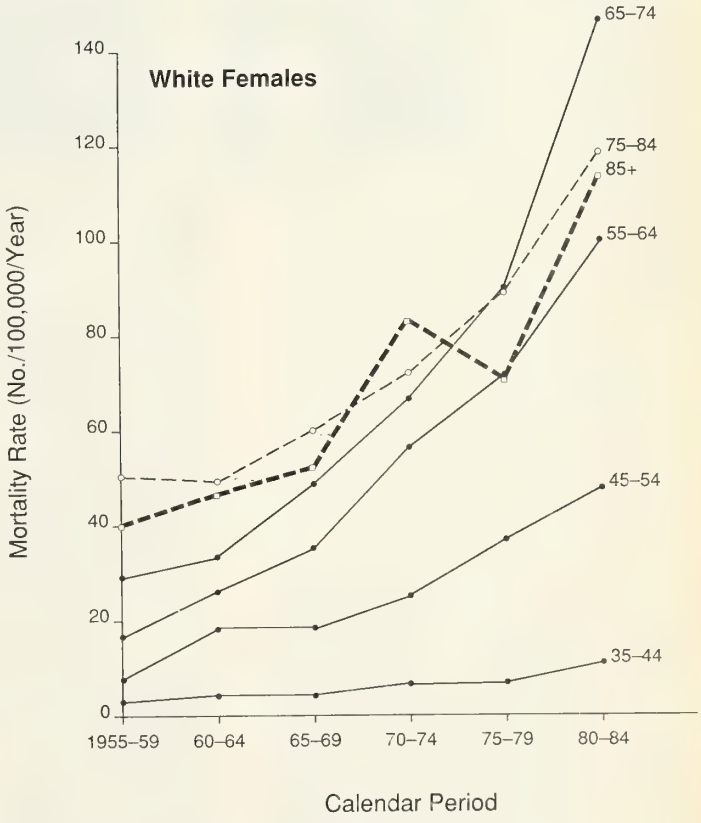

Figure 2. Age-specific lung cancer mortality rates from 1955–59 to 1980–84 in Philadelphia white females.

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Carcinogenesis, Mutagenesis, Impairment of Fertility—A two-year oral carcinogenicity study in rats with doses as high as 500 mg/kg/day (about 80 times the recommended daily therapeutic dose) showed no evidence of a carcinogenic effect. There was a dose-related increase in the density of enterochromaffin-like (ECL) cells in the gastric oxyntic mucosa. In a two-year study in mice, there was no evidence of a carcinogenic effect in male mice, although hyperplastic nodules of the liver were increased in the high-dose males as compared with placebo. Female mice given the high dose of Axid (2,000 mg/kg/day, about 330 times the human dose) showed marginally statistically significant increases in hepatic carcinoma and hepatic nodular hyperplasia with no numerical increase seen in any of the other dose groups. The rate of hepatic carcinoma in the high-dose animals was within the historical control limits seen for the strain of mice used. The female mice were given a dose larger than the maximum tolerated dose, as indicated by excessive (30%) weight decrement as compared with concurrent controls and evidence of mild liver injury (transaminase elevations). The occurrence of a marginal finding at high dose only in animals given an excessive and somewhat hepatotoxic dose, with no evidence of a carcinogenic effect in rats, male mice, and female mice (given up to 360 mg/kg/day, about 60 times the human dose), and a negative mutagenicity battery are not considered evidence of a carcinogenic potential for Axid.

Axid was not mutagenic in a battery of tests performed to evaluate its potential genetic toxicity, including bacterial mutation tests, unscheduled DNA synthesis, sister chromatid exchange, mouse lymphoma assay, chromosome aberration tests, and a micronucleus test.

In a two-generation, perinatal and postnatal fertility study in rats, doses of nizatidine up to 650 mg/kg/day produced no adverse effects on the reproductive performance of parental animals or their progeny.

Pregnancy—Teratogenic Effects—Pregnancy Category C—Oral reproduction studies in rats at doses up to 300 times the human dose and in Dutch Belted rabbits at doses up to 55 times the human dose revealed no evidence of impaired fertility or teratogenic effect; but, at a dose equivalent to 300 times the human dose, treated rabbits had abortions, decreased number of live fetuses, and depressed fetal weights. On intravenous administration to pregnant New Zealand White rabbits, nizatidine at 20 mg/kg produced cardiac enlargement, coarctation of the aortic arch, and cutaneous edema in one fetus, and at 50 mg/kg, it produced ventricular anomaly, distended abdomen, spina bifida, hydrocephaly, and enlarged heart in one fetus. There are, however, no adequate and well-controlled studies in pregnant women. It is also not known whether nizatidine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Nizatidine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers—Studies in lactating women have shown that 0.1% of an oral dose is secreted in human milk in proportion to plasma concentrations. Because of growth depression in pups reared by treated lactating rats, a decision should be made whether to discontinue nursing or the drug, taking into account the importance of the drug to the mother.

Pediatric Use—Safety and effectiveness in children have not been established.

Use in Elderly Patients—Healing rates in elderly patients were similar to those in younger age groups as were the rates of adverse events and laboratory test abnormalities. Age alone may not be an important factor in the disposition of nizatidine. Elderly patients may have reduced renal function.

Adverse Reactions: Clinical trials of varying durations included almost 5,000 patients. Among the more common adverse events in domestic placebo-controlled trials of over 1,900 nizatidine patients and over 1,300 on placebo, sweating (1% vs 0.2%), urticaria (0.5% vs <0.01%), and somnolence (2.4% vs 1.3%) were significantly more common with nizatidine. It was not possible to determine whether a variety of less common events was due to the drug.

Hepatic—Hepatocellular injury (elevated liver enzyme tests or alkaline phosphatase) possibly or probably related to nizatidine occurred in some patients. In some cases, there was marked elevation (>500 IU/L) in SGOT or SGPT and, in a single instance, SGPT was >2,000 IU/L. The incidence of elevated liver enzymes overall and elevations of up to three times the upper limit of normal, however, did not significantly differ from that in placebo patients. Hepatitis and jaundice have been reported. All abnormalities were reversible after discontinuation of Axid.

Cardiovascular—In clinical pharmacology studies, short episodes of asymptomatic ventricular tachycardia occurred in two individuals administered Axid and in three untreated subjects.

CNS—Rare cases of reversible mental confusion have been reported.

Endocrine—Clinical pharmacology studies and controlled clinical trials showed no evidence of antiandrogenic activity due to nizatidine. Impotence and decreased libido were reported with equal frequency by patients on nizatidine and those on placebo. Gynecomastia has been reported rarely.

Hematologic—Fatal thrombocytopenia was reported in a patient treated with nizatidine and another H_2-receptor antagonist. This patient had previously experienced thrombocytopenia while taking other drugs. Rare cases of thrombocytopenic purpura have been reported.

Integumental—Sweating and urticaria were reported significantly more frequently in nizatidine- than in placebo-treated patients. Rash and exfoliative dermatitis were also reported.

Hypersensitivity—As with other H_2-receptor antagonists, rare cases of anaphylaxis following nizatidine administration have been reported. Because cross-sensitivity among this class has been observed, H_2-receptor antagonists should not be administered to those with a history of hypersensitivity to these agents. Rare episodes of hypersensitivity reactions (eg, bronchospasm, laryngeal edema, rash, and eosinophilia) have been reported.

Other—Hyperuricemia unassociated with gout or nephrolithiasis was reported. Eosinophilia, fever, and nausea related to nizatidine have been reported.

Overdosage: Overdoses of Axid have been reported rarely. If overdosage occurs, activated charcoal, emesis, or lavage should be considered along with clinical monitoring and supportive therapy. Renal dialysis for four to six hours increased plasma clearance by approximately 84%.

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1981 to 1930 and then declined progressively in cohorts born in 1931–40 and 1941–50. Even more impressive was the observation that in each successive cohort, smoking rates declined at progressively earlier ages. Thus the peak of the prevalence curve in the 1881–90 birth cohort was a rather broad plateau lasting at least 20 years, suggesting that quitting smoking did not begin until mid life. The peak narrowed progressively so that in the 1921–30 cohort it was only about 10 years broad and later birth cohorts had only pointed peaks before prevalence declined. The decline became more and more rapid in successive cohorts.

The curves for female birth cohorts were substantially different. The peaks of the smoking prevalences rose in successive cohorts and did not begin to fall until the birth cohort of 1941–50, 10 years later than in males. The prevalence was always lower than in males, the ages of peak prevalence were later in females than in males, and cessation rates were much lower than in males for each birth cohort.

The significance of the varying smoking prevalence curves lies in the current hypothesis of carcinogenesis: cancer is the result of both early cellular changes (initiation) and late cellular changes (promotion).[7] Only an initiated cell is at risk of developing late changes. If early changes increase or decrease, the full effects on mortality rates may not occur for many decades. If the late changes increase or decrease, the effect may be seen within a decade. Cigarette smoke contains both initiating and promoting agents. The presence of initiators is confirmed by the fact that the mortality rates for lung cancer are affected by the age at which exposure begins. The presence of promoting agents is confirmed by the fact that the mortality rates are affected by changes in recent smoking habits, especially the cessation of smoking, which leads to a decline in risk within 5 or 10 years.[7]

These observations help to explain the age-specific lung cancer mortality trends seen in Philadelphia data and those reported elsewhere. The recent decline in the rates among young white males aged 35–44 can be attributed to both their lower smoking prevalence peak and the rapid increase in cessation rate. The steep slope for white males aged 75 and over, despite the relatively low smoking prevalence in youth, may be due to low cessation rates causing a prolonged promotion phase. The intermediate age-specific curves (45–74) show intermediate effects dependent upon intermediate interaction between initiation and promotion. This interpretation of cigarette smoke carcinogenesis also is coherent with the changes in female age-specific lung cancer mortality rate trends.

The causal relationship between smoking and lung cancer has had important implications for all practicing physicians since the first evidence began to appear almost four decades ago. In view of the encouraging hints that the lung cancer epidemic will pass its peak in the near future, doctors must redouble their efforts to advise our youth against taking up the habit and to persuade patients to stop smoking.

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MEDICAL FEATURE

APPROACHING ENVIRONMENTAL MEDICINE

Bruce W. Case, MD, MSc, Dipl. Occ. Hyg., FRCP (C)

Dr. Case is director of the Center for Environmental Epidemiology and visiting professor of epidemiology and pathology at the Unversity of Pittsburgh Graduate School of Public Health. He is also a member of the Pittsburgh Cancer Institute and adjunct professor of occupational health at McGill University. *Although the Center for Environmental Epidemiology is funded by the United States Environmental Protection Agency through Cooperative Agreement CR 812761, this paper does not necessarily reflect the views of the Agency and no official endorsement should be implied.*

The 1990s will be the decade of the environment, and physicians will be in the front lines of the fight for environmental health. Unfortunately, this is a task which is poorly defined and for which we physicians are almost completely untrained. The reasons for this are natural, historical, and structural. In the natural world, "the environment" is taken to refer to our natural resources: water and air, our earth and its vegetation and animal life. The "health" of this natural world has been guarded by physical and biological scientists and engineers. What we as physicians have regarded as environmental health is quite different, having to do with negative effects of human activity on those parts of the natural world we need: contaminants present in the water we drink, the air we breathe, the foods we eat, and the soil which provides them.

Historically and structurally, government has compartmentalized "the environment" and "health" in ways which artificially separate them. In the federal government we now have two separate cabinets, the U.S. Environmental Protection Agency (EPA) headed by a secretary of "the environment," and the Department of Health and Human Services (HHS). The Department of Energy (DOE), especially in its dealings with nuclear matters potentially related to health, can be added to this list, although it has been suggested that such DOE activities should be transferred to HHS. At the state level, the same division prevails. As physicians we relate principally to the activities of the Commonwealth's Department of Health (DOH), but increasingly we—and our patients—will be affected by the actions of the Department of Environmental Resources (DER). The interface, where environmental exposures may or may not produce health effects, is an artificial division between those dealing with "the contaminators and the contamination" (EPA, DOE, DER), or "the contaminated" (HHS, DOH)—effects on ourselves and our patients.[1]

As physicians, we are likely in coming years to see patients and groups of citizens concerned about and affected by specific environmental problems. Some will come with nonspecific complaints (cough, itch, allergy, etc.); more rarely, they may present with serious diseases, particularly cancer and birth defects, which they attribute to specific exposure events or contaminants. Others may present "clusters," groups of cases of the same or similar disease occurring in the same time and place.

Most of us have been poorly trained to deal with either type of problem. The average medical student receives *four hours* of instruction in occupational diseases[2]—a related area with far better definition—and little or no physical science or health teaching in the environmental area. Adding a diploma in occupational, environmental or even public health is not an attractive option to those not considering a closely related practice in academia, occupational medicine, or community health.

This article uses four examples from the natural world of "contaminants"—lead, asbestos, low-level radiation, and *giardia*—to illustrate the difficulties faced by the general and family practitioner in dealing with environmental medicine. These examples are my jumping-off point for some general recommendations on how to approach the area of environmental health.

This is a general paper only touching upon some aspects of environmental health hazards, and cannot express all points of view. The areas covered were chosen precisely because of the controversies and ambiguities they present, for these are what we face—not hard and fast rules as to how to proceed. Further, so much as possible, comments are confined to exposure situations faced by all citizens. Workplace situations are quite different and may potentially involve much higher levels of exposure and greater potential for health effects.

Lead: hidden danger

Of the four *environmental* hazards, lead should concern us most. Its action as a neurotoxin has been known from ancient times. One theory, possibly apocryphal, for the fall of the Roman Empire lays the blame on lead-glazed wine vessels; lead glazes in pottery and toxicity therefrom present an occasional hazard to modern society as well.[3]

It was first established in 1943 that exposure of children to lead could result in clinical encephalopathy accompanied by psychological deficits.[4,5] Despite a spate of articles in the mid-1970s, recently reviewed in depth by Needleman and Gatsonis,[5] the problem did not receive adequate attention until the publication of a novel approach to its evaluation in 1979.[6] Needleman *et al* demonstrated an association between increased dentin lead levels, assayed by obtaining normally shed first- and second-graders' teeth, and "...deficits in psychometric intelligence scores, speech and language processing, attention, and classroom performance".[7] Eleven years later many of these children are young adults with serious problems: above a given original dentin lead level, chances were greater than seven to one, on average, that the children had dropped out of high school, and almost six to one that they had developed a reading disability, among other problems.[7] Similarly, umbilical cord blood lead levels predict child development scale scores up to age two.[8,9]

To the practicing physician, the most frightening aspect of the above is the fact that young children exposed to amounts of lead sufficient to produce these effects will rarely show any symptoms, and in later childhood are extremely unlikely to show abnormal blood lead levels.[7] *There is thus absolutely no way to know a clinical problem exists, unless one is aware of and alert for the presence of the environmental hazard.*

The principal hazard, in this instance, is the presence of lead-based paint coupled with ingestion behaviors ("pica"). Lead was banned from house paint sales in 1970 by the Consumer Product Safety Commission, and is most likely to be present in large amounts (20 percent—50 percent by weight) in houses built before 1950, according to a recent report by the Agency for Toxic Substances and Disease Registry (ATSDR).[10] In the intervening years lead-based paint was used, but with lesser amounts of the metal present. Airborne lead quantities have fallen dramatically due to EPA action,[10] and further actions are planned to reduce the amount of lead in drinking water, mainly from lead-soldered pipes (although lead pipe and lead-lined water towers are additional problems for which schools, parents, and physicians must be alert). As understanding of the dramatic developmental effects on children, their intelligence and adult behavior has led to effective action on the environmental front, increased sensitivity in the detection of lead effects has pushed the recommended limit (determined by blood lead levels, which are transient) from 40 (1975 CDC definition) to 25 (current CDC accepted definition) to 10–15 ug/dl (.5 to .7 umol/1; ATSDR recommendation 1987).[10]

The practicing physician—especially in obstetrics and pediatrics—must become acutely aware of the "lead environment" in which his/her patient lives. Of course, *what to do about it* once you have found a high lead exposure risk situation or a blood lead level between 10 and 25 ug/dl, is another question. Lead levels increased by *two orders of magnitude* in a Baltimore study after one series of "abatements" of leaded paint.[11] Not to address the problem, however, is to risk the social and medical cost of large numbers of children with severe (< 80) IQ deficit; and corresponding "loss of genius" must also be considered.[8]

Asbestos: overstated threat

Fortunately, not all environmental problems are as intractable, or as real, as that presented by lead. One problem which has been vastly overstated in the United States concerns nonoccupational exposure to asbestos. There is a widespread, but not universal, consensus that if asbestos is of one particular fiber type (chrysotile, the fiber type which makes up roughly 98 percent of all asbestos products now in place in the US), and if it is "contained," *it presents no significant risk to health, now or in the future.*[12] Indeed, the needless removal of asbestos actually increases exposure levels to those doing the removing, and will often leave higher levels of asbestos dust present than were extant prior to the so-called "abatement." This is not to suggest that asbestos exposure presents no environmental risk—that risk can and has been quantified.[13] It simply means that the risk must be put in its proper context. That context must include both *magnitude* (e.g., an annual projected death rate of no more than 0.1 per million for asbestos exposure in schools, as compared to 10 per million in high school football, 60 per million in home accidents for children ages 1 to 14, etc.),[12] and *cost* (up to $150 billion for removal from buildings).[14] The latter is not a value placed on human lives saved so much as a judgment of what fraction of finite resources for public health should be devoted to a phantom hazard, when so many real dragons need to be slain.

Physicians often face questions about asbestos tiles, flooring and especially sprayed-on materials and insulation around deteriorating pipes. In the latter situation only professional evaluation, ideally using expensive electron microscopic techniques necessary to determine which type of asbestos is present, can provide answers as to whether asbestos is present in the material and, more importantly, in the air of the room. What can be done as a practical matter may be as simple as covering the area, either temporarily or permanently, until it can be examined by an expert.

Low-level radiation: a dilemma

If asbestos presents a confusing problem to doctor and patient, low-level radiation in its varying forms is even more of a dilemma. On one hand, we are told that indoor radon at commonly observed levels (10 percent of all homes) may be responsible for up to 20,000 lung cancer deaths per year.[15] The EPA is concerned that Americans are *not worried enough* about radon: only 2 percent of homes have been tested. On the other hand, low-level radiation associated with nuclear facilities—power utilities, "defense" installations or nuclear waste reprocessing plants—engenders enormous public concern. Neither problem has been successfully evaluated scientifically. There is no direct evidence that radon alone has caused or contributed to any single nonoccupationally exposed lung cancer, although backwards extrapolation from the apparent carcinogenic potential of high through lower exposures among workers (e.g. radon-exposed miners) is highly suggestive.

A British example illustrates the low-level radiation problem for nuclear facilities. In 1983, a television program[16] suggested that an excess of leukemia cases existed among children living near Britain's oldest nuclear facility. Since then, many inquiries have been held and many epidemiologic studies performed,[17] but some of the results seem diametrically opposed. For example, a study of residents around sites *suggested but not used* for nuclear installations showed an elevation in leukemia rates

as well, suggesting that some other factor must be involved.[18] Most recently, though, an excellent study considering many of the factors that could contribute[19] deals with each of these in turn, finding that leukemia risk was directly related to documented paternal exposure to radiation dose at or before the time of conception. The total exposure of these nuclear plant workers was considerably less than the expected "leukemogenic" dose based on extensive data from Hiroshima and Nagasaki bomb survivors, raising whole new questions about what is and what is not a "safe dose." While the findings are not yet universally accepted,[17] they have already resulted in a large study of British nuclear workers and have obvious relevance for Pennsylvania, where DER's Bureau of Radiation Protection deals with such issues.

Giardia: a common problem

Environmental problems in clinical medicine include those of infectious etiology, and the example offered here is *giardia,* the most common source of waterborne outbreaks in the United States.[20] In Pennsylvania a number of outbreaks occurred in the 1980s, affecting 300,000 people in terms of advisories (to boil water) and producing 900 confirmed clinical cases.[21] DER's monitoring program of unfiltered water sources since 1985 has found contamination in 23 public water systems scattered throughout the state, except in the northwest and the southeast (Sykora J and Costantino J.P., personal communication). The latter investigators are currently, through this center with EPA help, looking at possibilities for surveillance of this problem. The goal is to identify areas at high risk of infection through infection data and sewage monitoring, to look at one such community in a more detailed pilot surveillance study, and to apply the results to prevention and control.

What is to be done?

Given the many environmental problems currently concerning patients, what can the the general physician do to determine whether a problem really exists? What should he or she do before consulting other sources or experts? How and where can such expertise be found? Six general principles can be followed:

(1) *Treat the whole patient:* In some respects an existing or suspected environmental threat or clinical effect is the same as any other disease. Clinical symptoms are limited regardless of their etiology. For example, the pulmonary function profile of a patient with asbestosis may not differ from any other restrictive syndrome; the acceleration of atherosclerosis by carbon disulphide exposure is unlikely to present with anything but the usual cardiovascular sequelae. *It is therefore imperative that an informed occupational history be obtained from every patient,* especially when they are being evaluated for the first time. Obtaining an "environmental history" would not be so straightforward, but at a minimum, physicians should know of the hazards present in their communities and be able to place any patient in geographic context by place of residence.

(2) *Remember Koch's postulates:* These postulates were framed for infectious diseases, but they have been redrafted for acute and chronic disease epidemiology[22] and have particular relevance for environmental effects.[23] Put simply, they are meant to answer the question, "Is this disease associated with that exposure, and if so is the association causal?" It is the latter which informs (and bedevils) epidemiology, and it is causality—not association alone—which the physician must look for. This is more possible in group, that is, statistical, terms than it is when confronted with a single patient with a specific complaint. In this instance, it is important to remember that *exposure to a substance which has been known to cause a disease does not indicate that that disease is present in this patient,* and indeed if it *is* present other causes must still be ruled out. Consider, for example, the longtime shipyard worker with a restrictive pattern on pulmonary function tests, pleural plaques and small opacities on x-ray. He has certainly been exposed to asbestos, and he likely has asbestosis, but it would be unfair to the patient to stop there: treatable causes, if any suggest themselves, must be sought in the differential diagnosis. Bradford Hill's simple rules[23] may help, but must be modified for the single patient. Has an exposure definitely occurred, or is it feared? If the latter, how justifiable is the fear? If an exposure has occurred, how *intense* was it? Is that intensity associated in group studies with biological effects? How *consistent* are those studies? For example it is well established that asbestos causes most, if not all, mesothelioma: there is considerable doubt as to whether or not it causes gastrointestinal cancer.[24] How *specific* is this exposure for this disease? (Most childhood leukemia is not caused by exposure to radiation, but if you are dealing with a man with angiosarcoma of the liver you had best be very certain to inquire as to work exposures and vinyl chloride.) Is there a *temporal relationship* between the exposure and the symptoms? One previously healthy young man autopsied in the author's former institution suddenly developed pulmonary edema and died on arrival at hospital. Twelve hours earlier, he had been involved in what he and his workmates thought was a trivial accident in an explosives factory, but he had had massive nitrogen dioxide exposure. The delay is typical, as the moderately soluble gas is converted to nitrous acid in the lung.

Other questions framed by Bradford Hill include whether there is a *dose-response relationship* known for the exposure you are dealing with. If so, can you estimate the dose? Finally, does the whole thing make sense: do you think it it *biologically plausible?* As Bradford Hill cautioned, however, what is not plausible today may well change tomorrow, and the same can be said for the intensity of exposure. Fifteen years ago a blood lead level in our children of 30 ug/dl might not have worried us,[10] and six months ago this writer would not have thought it "plausible" that a lifetime dose of about 100 to 200 mSv of external ionizing radiation would convey a six-to eight-fold increase in risk of leukemia for offspring.[19]

(3) *Know the rules, but keep an open mind:* The environment is increasingly a source of regulatory activities, including limits on exposure, right-to-know legislation, etc. It is important to distinguish *legislation*—laws passed federally or by the state—from *regulation,* the rule-making, usually by federal agencies, that may take years to emerge to enforce the "law." Even then, actual *policy* may differ from written regulation, especially at the local level. "The rules" may be exceptionally complex, even unenforceable, and in any case may not be of importance in an individual case. Some rules (read: some asbestos abatement legislation) are more response to hysteria than to clinical and environmental realities, whereas others (e.g. permissible blood lead levels and lead sources in the environment) have not caught up to current medical research.

(4) *Seek out expert advice:* Most of us in the field of occupational or environmental health have some area we know a great deal about and many areas we

know very little about. We are fortunate, though, in being surrounded by colleagues a floor or a phone call away who know what we do not. Primary care physicians cannot expect to have such a "network," so it is important to develop relationships with your local health department and when necessary to go farther afield. In Pennsylvania, there is only one school of public health, at the University of Pittsburgh, but there are many environmental science and occupational medicine programs elsewhere. The nearest university medical school is a good place to look. Poison control centers, usually based in childrens' hospitals, often have toxicologic expertise for a wide range of environmental problems. If one cannot identify an individual expert or a program directly, federal regulatory and health agencies (EPA, CDC/NIOSH, NIEHS) may be the place to go. If you have access to a personal computer and a modem, you have access to a great deal of information using searches through TOXLINE via the National Library of Medicine (made simple with the "Grateful Med" access software available from NLM) and other services. EPA has databases online via NLM as well, including the Toxic Chemical Release Inventory (TRI). The latter provides annual reports, by industry, of releases of more than 300 chemicals into water, air, and land. It is accessed through TOXNET. Dozens of other databases related to specific environmental problems are summarized in a CDC brochure.[25]

If you prefer dealing with humans, get a copy of the EPA Information Resources Directory[26] which lists everything from interest groups to names and telephone numbers of EPA contacts in each region to call for a particular problem. If the problem has to do with indoor air (including asbestos and radon), a small EPA publication[27] lists most relevant state contacts both within and outside the agency. Development of a similar volume specific to Pennsylvania but in greater detail, covering all relevant environmental health and hygiene resources and personnel, would be most useful.

(5) *Keep up with the literature:* This is perhaps more important for environmental concerns than for most other spheres of medicine. Because we knew—or chose to know—so little for so long, there is now an explosion of information about the environment and its effects on health. I am not suggesting here that everyone should run out and buy a subscription to *Environmental Research* or some other specialized journal, but that we keep our eyes open for new information in general medical journals (like *NEJM* and the *Lancet*), national newspapers (especially the *New York Times,* which runs separate science and medicine sections and often covers the important journals on the front page on their day of release) and even (gasp) television news. The latter won't give you the whole story but it just might tell you the story exists. Don't overlook National Public Radio, if you are lucky enough to get it: the environment is covered better there than it was in medical school.

(6) *Know your community:* This is the most important, and the most difficult, of my suggestions. To really "know" a community environmentally may be almost impossible in a metropolitan area, but if you practice in a somewhat smaller region the job is easier. Again, getting to know someone in a health department helps; this will usually happen over an individual case. Read about the place you live in, even if you have always lived there. You will be surprised at how much information is available. Tap the historical society, the local Audubon chapter, the garden club. Surprisingly, your local newspaper may be your best friend for environmental information. They may not get it exactly right, but they at least will get it, which is often what we need.

Environmental health science/medicine is a difficult field which attempts to relate specific exposures to specific diseases or symptoms. Since neither comes in a neat package—real exposures are always mixed, not only with other environmental influences but also with smoking, socioeconomic effects, etc.—the science is an ambiguous one to begin with. Artificial separation by federal and state agencies of "environment" and "health" contribute further to this ambiguity. The physician faced with a patient with a complaint which could be related to an environmental exposure is thus in an unenviable position. But by applying a few simple rules, and especially by learning where to look for help and consultation, the physician can make these difficulties less burdensome.

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Dodson Insurance Group **5**
Downing Associates **57**
Elcomp Systems **15**
Eli Lilly Company **50**
Fox Chase Cancer Center **17**
Fulton, Longshore & Associates **59**
Geisinger Clinic **24, 59**
Glaxo, Inc. **3–4**
Graduate Hospital **33**
Hahnemann University **43**
Hessler Enterprises **34**
ICN Pharmaceuticals **65**
Interstat **33**
Jeanes Hospital **57**
Medical Center of Beaver **51**
Medical Directors Council **40**
Medical Intelligence **23**
Medical Personnel Pool **31**
Medical Protective Co. **35**
Orion Systems **47**
Palisades Pharmaceuticals **47**
Penn State's Milton S. Hershey **63**
Pennsylvania Blue Shield **20, 61**
Philadelphia Heart Institute **25**
Physician Support Systems **11**
Physicians' Health Programs **42**
Physicians Insurance Co. **39**
PMS Liability Insurance Company **1**
Roche Laboratories **Covers 3, 4**
Rocky Mountain Safaris **23**
Shared Medical Systems **41**
Specialized Computer Systems **63**
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SPECIAL FEATURE

CAN SAFETY BELT LAWS BE JUSTIFIED?

Michael R. Rhodes, BA
Michael Rhodes, MD

This article combines the researched sciences of logic, philosophy, and medicine to develop a perspective on safety belt laws. The positions of advocacy and opposition are examined primarily by a nonphysician in a reasonably unbiased manner. The result is an enhanced awareness of principles not commonly employed by physicians which may be useful to the medical profession in dealing with this controversy.

There is certainly sufficient evidence supporting the argument that one ought to wear a safety-belt when in an automobile. However, to say there are actions which one ought or ought not perform is not to say that corresponding prescriptive or proscriptive legislation is justified. For example, it might be the case that we ought to exercise daily, eat a low cholesterol diet which includes abstinence from red meats, sleep eight hours a day, read several hours a week, and brush our teeth after every meal. But this does not necessarily justify a law requiring us to do these things. Providing good reasons why we ought to wear safety-belts is not justification for a safety-belt law.

Unfortunately, this distinction is left unarticulated and unexamined in most safety belt law discussions. One party commonly stresses that safety-belts can reduce the rate of serious injury by over 50 percent and the rate of death by over 60 percent; and that in the United States, one in three persons will be seriously injured in an automobile accident or be involved in an accident once every 10 years. This party represents a position of advocation in the closed sense, i.e. giving reasons referring exclusively to the benefits incurred by the safety-belt user.

However, a common response of the opposing party is to stress that it is their right to choose what risks they want to take with their own lives, and that the government has no right to choose for them. This party represents what can be referred to as a position of opposition from liberty. One party argues that the state is justified in requiring an individual to wear a safety-belt by reference to the benefits, and the other party argues that the state is not justified in such a requirement, regardless of the benefits.

This is the common perspective surrounding safety-belt laws. Both parties are responding to safety-belt laws as acts of paternalism. Just what is paternalism? As defined by Gerald Dworkin, paternalism is "the interference with a person's liberty of action, justified by reasons referring exclusively to the welfare, good, happiness, needs, interests or values of the person being coerced."[1] This definition will be called paternalism in the "closed sense," because it calls for justification referring "exclusively" to the benefit of the restricted individual. Justification might also refer only "partially" to the benefits of the restricted individual, this being paternalism in the "open sense."

In addition to a position of advocacy in the closed sense, there is a position of advocacy in the open sense. This "open sense" position stresses the benefits incurred by others and society at large, instead of or in addition to, benefits incurred by the individual wearing a

Dr. Rhodes is chief, Division of Trauma, Lehigh Valley Hospital Center, Allentown, PA. His son, Michael R., is a graduate student at State University of New York at Buffalo.

afety-belt. Therefore, paternalism is ecessarily at issue for a position of ad- ocacy in the closed sense, not a posi- on of advocacy in the open sense. With ese and previous distinctions in mind, e can examine the objection to a posi- on of advocacy in the closed sense ACS) from the perspective of a position f opposition from liberty (OFL).

OFL embraces and defends the princi- le set forth by J.S. Mill in his, *On Lib- rty:* "That principle is, that the sole end r which mankind are warranted, indi- idually or collectively, in interfering ith the liberty of action of any of their umber, is self-protection. That the only urpose for which power can be right- lly exercised over any member of a civilized community, against his will, is to prevent harm to others. He cannot rightfully be compelled to do or forbear because it will be better for him to do so, because it will make him happier, because, in the opinion of others to do so would be wise, or even right."[2]

The reasons given by ACS are not sufficient to justify safety-belt laws. They (paternalistic reasons in the closed sense) are never sufficient reasons for justifying any law whatsoever, because they are merely expressions of what the legislative body and scientific community have established as being "the wise thing to do." OFL contends that a society should allow each of its members to express his own desires and act in accord with freely-made decisions if he does not harm others by doing so. As long as the society allows its members to exercise such freedom, the members of the society will be the greater gainers. A society which restricts the autonomy of its members in unnecessary ways to prevent harm is less desirable. So one representing OFL might assert that, "I would rather freely make a foolish decision, than be coerced to make a wise one."

In response to this, ACS might argue for the contingency of the principle that mankind would be greater gainers if free from paternalistic coercion. For example, suppose members of a society begin to engage in a ritual of fatal masochism, puncturing their flesh with rusted nails

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until unconscious. In this case, the prevention of self harm by means of an intervening force with motives of paternalism would result in a greater good than freedom from any coercion. Many more examples could be constructed suggesting that the principles of Mill and OFL are not necessarily true if taken to be absolute. These principles should be evaluated contingently.

The remaining question is something like: "Given that safety-belt usage is a wise decision; and be it that Mill's principle is true perhaps only contingently, for society might indeed be the greater gainers if its members were coerced into safety-belt usage, are these reasons sufficient to warrant the according assault on human freedom and liberty?"

Just what is the extent of the assault on freedom and liberty attributable to safety-belt laws? Again it is common to hear an opponent of safety-belt laws say something like, "I don't think it should be a law because it violates my right to choose for myself!" Despite the popularity of this kind of objection, it is nothing more than an expression of the person's displeasure with laws in general. Every law necessarily requires someone to do or not to do something, influencing or "violating" the right of persons to choose for themselves. Therefore, the previous protest is equivalent to "It shouldn't be a law, because it would do what all laws do—require me to do or not to do something!" One might as well say, "Oh no, not another law!"

If a safety-belt law would necessarily "violate one's right to choose for himself," what exactly does such a law require one to do and what is the extent of the assault on freedom and liberty? It requires a very simple physical task—to fasten his or her safety-belt. Other than the loss of the "right to choose," which is necessarily the case of all laws, absolutely nothing is lost other than time (usually less than 20 seconds per usage) and mobility. The loss of time is trivial, and the loss of mobility is the intended function of the safety-belt. It does not violate freedom of speech, religion, association, assembly, or any of the related liberties which are by Mill himself referred to as being most important to a healthy society. Nothing good or worthy (with the exception of a few seconds and mobility) is being taken away, nor is anything bad (with the possible exception of some slight discomfort) being issued to the individual by requiring the use of a safety-belt. Therefore, one could respond to OFL, and at the same time maintain respect for its central principle.

The principle set forth by Mill and defended by OFL places great value in the freedom of the individual to choose for him or her own self and to be free from coercion by other individuals or by society at large. To challenge the merit of this principle is to jeopardize the freedom of all of us from the powers of the state, who might decide "what's best for us and what's the wise thing for us to do." Although it can be shown that the requirement of individuals to wear safety-belts is a "minimal" paternalistic intrusion, it is reasonable to view it with caution. If we accept laws for paternalistic reasons, the kind given by ACS, the awkward and possibly dangerous question arises, "What do we consider 'minimal' and what paternalism do we consider 'acceptable'?"

Fortunately, the issue of the justification of safety-belt laws need not be so troubling. As mentioned previously, there is a position of advocacy in the open sense (AOS), which rather than arguing the benefits incurred by the wearer of safety-belts, points out the benefits gained by others and society at large. AOS need not dispute the principle set forth by Mill and defended by OFL, because if safety-belt laws are paternalistic, it is paternalism in the open sense. AOS points out that an individual who does not wear a safety-belt and is involved in an accident can harm others and be a cost to society.

Usually the friends and family of the individual who was injured experience tremendous emotional pain and suffering. Hospital and health care materials and personnel are depleted. In addition, an enormous economic burden is placed on society to meet the costs incurred by failure of an individual to wear a safety-belt. Many studies have shown the reduction of serious injuries and deaths and the associated costs by the use of safety-belt laws, and the effectiveness of laws in increasing the usage of safety-belts. Therefore, for AOS, safety-belt laws are an effective means of preventing individuals from harming other individuals both emotionally and economically, and not necessarily an issue of paternalism. There is no need for a dispute between AOS and OFL, since both recognize that it is sometimes justifiable for a society to restrict its members in order to prevent one from harming others. Since by not wearing a safety-belt an individual can harm others, the state can protect others by requiring that individual to wear a safety-belt.

Nevertheless, it is important to ask the following questions: Are the dangers clear and of adequate frequency to warrant a corresponding law? Is the law necessary and is it effective to bring about the desired end? Regarding safety-belt laws, the answer to these questions is demonstrably YES. There is established evidence that: One in three persons will be seriously injured or killed in an automobile accident; safety-belt use reduces chance of serious injury by over 50 percent and of death by over 60 percent; automobile accidents present one of the greatest economic burden of all causes of death (second to cancer) ranging in the tens of billions of dollars; a 10 percent increase in safety-belt use nationally prevents 15,000 deaths, 30,000 serious injuries, and saves about $800,000,000 annually; laws increase usage by around 10 percent; education alone has little effect on increasing usage; and so forth. All of the previous and many additional statistics and evidence can be found in reports such as those reviewed in *The Journal of Trauma,* July, 1987.[3]

When considering the justification of safety-belt laws, it is best to focus on the position of advocacy in the open sense rather than advocacy in the closed sense, keeping the position of opposition from liberty in mind. Certainly, examination of the issue should proceed with caution, for the very freedom to write and speak about such issues is at stake. It is possible to accept that a free society is a great one and to resist acts of paternalism (in the closed sense), and also support safety-belt laws. If it can be shown that a new method of education can diminish the need for coercion, then every effort should be made to replace the laws with education, because a minimal assault on our liberty is an assault on the foundation of any great society.

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KEEP INCOME DIVISION PLAN UP TO DATE

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Dividing a practice's income among its physician/owners has always been a difficult process. Unchecked, dissatisfaction with income arrangements can grow until it threatens the group's continuation.

An income division formula must be kept current to retain the confidence of group members. If the practice's reward system does not keep up with the practice's and the general health care environment, the formula will grow stale and fail to reward the physicians in an effective and appropriate way. Today, these realities include factors outside the practice—the move toward managed care, for example—and those within the practice, such as the need for a physician/executive to guide a growing group.

Over the years, as medical practice has changed, new income division formulae have been accepted: equal division of profit has given way to productivity-based compensation, and hybrids of the two have evolved as groups recognize that an increasing array of factors need to be considered in setting an income division formula.

Guiding principles

Through all the changes, the basic principles guiding income division have remained. These five principles should be the foundation of any formula designed for your group:

- Group members must trust the income division process and those implementing it.
- The formula must be reasonably simple to implement and clearly understood by all members.
- The formula must be equitable in its approach—though each member may not necessarily be treated "equally."
- There must be a proper incentive to work for the growth and improvement of the group as a whole.
- The members must maintain strong communication among themselves, offering fair and mutual evaluation of each other and of the practice's needs.

An income division method will only work if the members accept its basic fairness and effectiveness. Groups that lack trust and confidence among members often find that income division hassles arise periodically and are never satisfactorily put to rest. When doctors bicker over the details, they are often doomed to continuing dissension; there is no magic method to overcome all specific criticisms. No method, no matter how carefully drawn, can meet every person's perceived needs completely and consistently. The best formula for dividing income will depend on balancing many practice and personal characteristics to achieve a basic fairness. Each member may be favored by some elements, and each member will be slighted by some elements.

Traditional approaches

The two predominant methods of income division remain "fixed-percentage" (usually with equal percentages) and "productivity-based." The fixed-percentage approach has several advantages: it is not divisive; it implicitly rewards all activities performed for the practice; and it can foster group-oriented thinking by the doctors. Conversely, it can stifle individual initiative and productivity; and it can under-reward activities that are essential to the practice's success.

The productivity-based formula works well where there is a consistent flow of patients into a practice, and the emphasis is on meeting patient demand, not creating and managing it. But today's environment requires that a practice devote physician time to marketing, administration, and service-expansion

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plans. These activities go unrewarded in a traditional productivity formula.

In recent years, many practices have opted for a two-tiered format: a portion of income divided by productivity and a portion by fixed-percentage. This approach often works well, but it is not perfect, and practices may find they need to make fine-tuning adjustments to keep the formula in line with the group's objectives. One problem is finding appropriate guidelines for setting the fixed portions, especially in multi-specialty groups. Developing effective resolutions to these issues often means creating a formula that is more dynamic, rather than stable and enduring.

One underlying assumption of the two-tiered approach is that everyone shares at least some non-clinical tasks equally. Often management responsibilities are spread among the members—regardless of whether each is capable of or interested in handling those responsibilities. This fosters management-by-committee, which is not an effective way to run a practice.

Aside from fixed-percentages and productivity-based formulae, some practices have assigned a point value to each activity within the practice: so many points for management responsibilities; so many for hospital roles, for rainmaking, for on-call, etc. At the end of the year, income is apportioned according to each doctor's accumulated points. The point system has the advantage of recognizing the value of non-clinical activities, but it only shifts the topic of discussion from dollars to points (which directly represent dollars).

Point-setting can become a very complex and time-consuming game. It is difficult just developing a complete list of activities that earn points. The traditional point system also is not flexible, and does not allow for adjustments if circumstances change in the course of the income year. The attempt to retroactively reevaluate point assignments can cause havoc. To meet the need for flexibility, a new wrinkle in the point-setting formula has developed. It leaves some points unallocated, and allows for them to be assigned during the year, as circumstances dictate.

It is clear that, whichever of these traditional methods a group uses, there are three key areas where most groups' income division plans have not kept pace with the current needs of medical practice: leadership, managed care, and investment.

Rewarding leadership

Practice leadership skills and activities have become critical to a group's success, and one person must coordinate a practice's responses to the variety of business challenges it faces. This could mean dealing with alternative delivery systems; coordinating strategic planning; planning new technology acquisitions; promoting the practice; and overseeing the practice's personnel and financial management. Certainly a sophisticated administrator can handle the details of these tasks, but one physician/owner must take the lead, offer a strategic vision, and assume final responsibility.

To handle these responsibilities, most groups should have a managing physician or chief executive officer—and should compensate that person well. Medicine's tendency to compensate the clinical producer more highly than the manager and rain-maker is almost unique in the business world. Throughout industry and commerce, the key manager or marketer is recognized for playing an essential role in the future success of the operation, and is compensated accordingly.

Traditional income division methods do not recognize or reward these leadership activities; there is no inherent reward for leadership in either the fixed-percentage, productivity-based, or two-tiered methods. In fact, as mentioned above, these methods can actually undermine the notion of strong, effective, and centralized leaderdship. Even though the point-system can reward management activities, in assigning points practices consistently underestimate the value and complexity of management functions.

Valuing managed care services

As more practices participate with managed care plans, and as these plans comprise a greater share of the practices' income, income division formulae need to adapt to capitated payments. Within the productivity or point methods, capitated payments can skew the data on a doctor's expenditure of actual time and energy. This should be of special concern to practices where more than perhaps 10 percent of income is derived from capitated payments.

There is no simple solution to this problem. Measuring co-payments as a way to divide capitation fees can lead to difficulties, because the goal of high individual productivity is at odds with the practice's broader goal of minimizing utilization by capitated-pay patients. Even balancing co-pays against overhead becomes tricky, given the real potential for adverse selection: a doctor could lose income because he was given a managed care patient requiring ongoing or costly care.

A practice may need to employ a more subjective approach to compensation for capitated-pay services. For example, decide how valuable the managed care patients are, as a whole, to the practice; assign a fixed percentage of income as compensation for those services; and divide that compensation pool according to each doctor's portion of the co-pays. Utilization issues would be removed from the compensation formula, and dealt with as a management matter. This approach implicity assumes a group with strong physician leadership and effective inter-doctor communication.

The need for investment

Practices are more capital-intensive today than ever, and that requires a significant increase in the percentage of income doctors reinvest in the group's operation.

Investment should be encouraged, and viewed as another way of supporting the practice's growth and success. There should be an incentive for individual doctors to support investment—a clear return from past investment. The challenge is factoring the investments and the returns into an income division formula. While less of an issue in a fixed-percentage format, investment issues can spur dissension in a productivity, two-tiered, or point income division for-

mula. For example, in a multi-specialty group, the family practitioner may be reluctant to foot the bill for the cardiologist's ultrasound equipment. If he does support the acquisition, how will he benefit from its use? This problem applies even within a single specialty group where, for example, the general ophthalmologist may be reluctant to support acquisition of equipment to be used only by the partner who does laser surgery.

In some cases it may be appropriate to allocate technical component revenues (net of overhead) to all members of a group even though not everyone is clinically involved in delivery of the related service. This leaves the professional component for the group member or members who participate in rendering the service.

Establishing the priorities

As complicated as it may seem, there are ways to achieve an income division formula that is equitable and efficient, that recognizes a changing environment, and supports the group's long-term growth and success. The initial step is to decide what the group's priorities are and what you wish to reward through the income division process. This evaluation will certainly become increasingly important as medical practice revenues shrink due to Medicare's implementation of RVRBS and the commercial insurers subsequently adopting similar payment schemes.

Setting your priorities will make it easier to develop the specific formula that will best serve your goals. And it will establish a yardstick to equitably assess each doctor's concerns and preferences in developing a formula.

Based on our experiences—both in developing income division formats and in fostering practice growth—these should be the priorities for an income division formula:

1. *Investing in the practice.* Decide what portion of the practice's net income should be left for investment in growth. A reasonable amount may be 3 to 5 percent of *gross* income, but there are other ways to determine the amount set aside for investment: for example, earmark an income stream for investment, such as lab revenues; or use an amount equal to depreciation on current equipment.

2. *Rewards for ownership.* The benefits of ownership should be made explicit. An annual return gives added meaning to being an owner and investor. And it gives meaning to a new partner's buy-in price—his initial investment in the practice. Such a return would be divided according to each member's ownership interest and likely his overall investment in the practice. While the tradition has been equal ownership in medical practice, the tradition is slowly eroding. Particularly in capital intensive practices, new co-owners often cannot afford immediate equal ownership.

3. *Compensation for leadership and management.* Medical practices today must have strong leadership, and a group should be willing to fully compensate a member who successfully assumes those responsibilities. Often this compensation should cover the potential loss of clinical activities, skills, and development, as well as reward the specific management tasks actually handled. This compensation can take a number of forms, depending on the specific circumstances:

- A fee or stipend for one who assumes general leadership responsibilities on top of a full clinical load. This may be a percentage of the practice's gross income, or of the annual increase in gross (or net) income, and can be placed on some sliding scale to better reward more successful efforts. Often we find that a practice offers a simple dollar amount—and usually an inadequate amount at that; unfortunately this approach does not encourage a physician/leader to give maximum attention to leadership activities.
- A performance bonus for one who assumes individual responsibilities with measurable goals. The performance bonus is often a set amount for accomplishing each specific objective (e.g. the planning and implementation of a major equipment acquisition), or for boosting the group's performance (e.g. reducing overhead or increasing active referral sources by pre-selected target amounts).
- Base pay for the doctor who gives up much or all of his clinical load to become the group's physician/executive. The reality today is that a group-decided amount will probably undercompensate the CEO, given the key role he plays. The question is how to calculate an appropriate base pay, absent hard data on similar positions in your locale. Options include using that physician's historic earnings; using an average of all group members' earnings; or, for a multi-specialty group, using the average earnings of all group members in the same specialty.

4. *Rewards for partners as employees.* While productivity formulas can sometimes effectively measure a co-owner's contribution as a clinician, this is not always the case. Rewards should be based on a member's overall contribution, which beyond seeing patients can include "political" roles in the hospital or community, seniority, individual reputation, and simply cooperation in achieving group goals. While most groups shudder at the thought, perhaps the most sensible approach is determining basic pay and bonus distribution through a process of discussion and negotiation among the members.

The basis for the negotiations and distributions should be a system of formal evaluations of each member. This can be accomplished by an evaluation committee—if the group is large enough—or through written evaluations by and of each member. The evaluation process would factor in both positive and negative points on group members; therefore, it would have the additional benefit of raising problems and issues that often never come to light until they have festered into serious problems. Given the evaluations and a budgeted amount of income to divide, most groups will experience little difficulty in fairly setting base pay.

Conclusion

Wealth and income being the motivators that they are in our society, the messages sent by your income division formula will be the marching orders for your individual doctors. Therefore, having an income division formula which is consonant with your group's priorities is an important step in reaching those goals.

Similarly, your group must be prepared to respond to developments in the national economic and health care environment. Changing economic factors *outside* the practice must be reflected in the way you apportion income *within* the practice. Your ability to stay competitive in the medical marketplace may depend on it.

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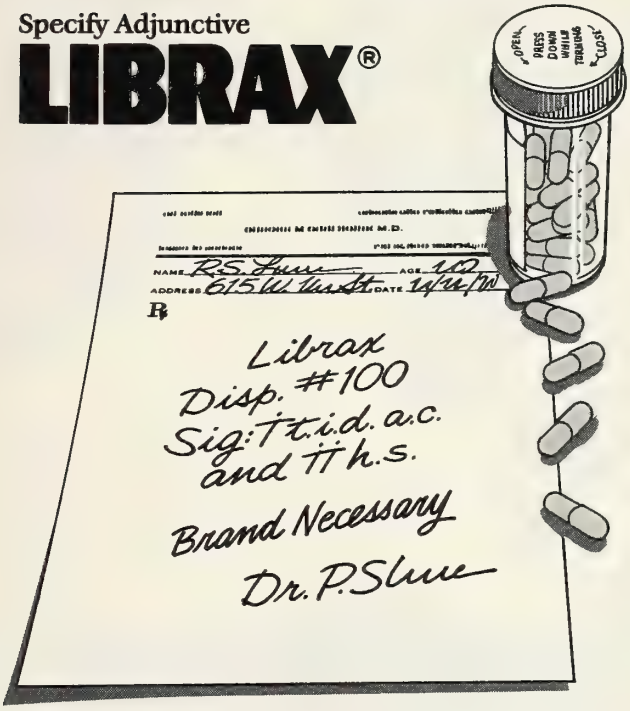

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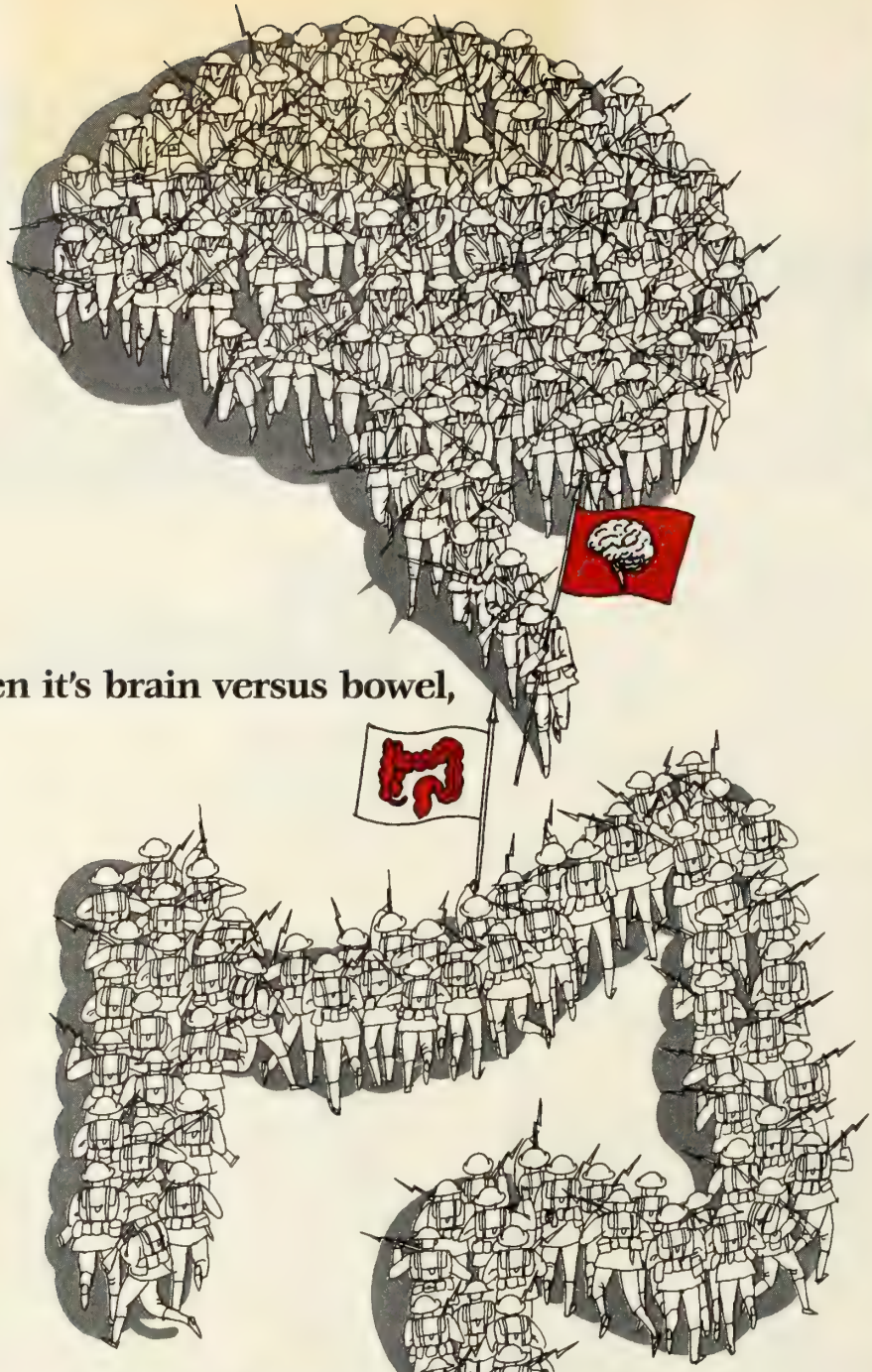

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IN THIS ISSUE

12 *New president emphasizes unity*
profile of Gordon K. MacLeod

22 *A review of horse-drawn buggy accidents*
tragic collisions of present and past

32 *Practice parameters in medicine*
report on guidelines development

52 *Position paper on AIDS infection*
Pennsylvania Public Health Association

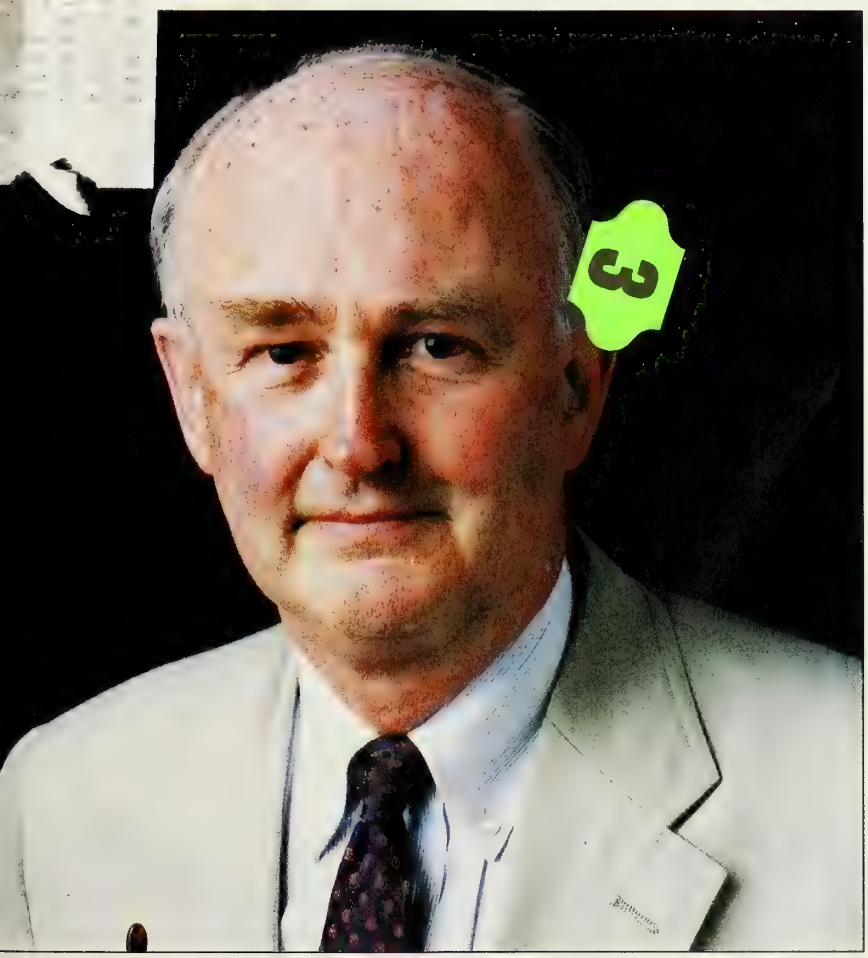

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TABLE OF CONTENTS

NEWSFRONTS

4 Medigram—*late news at press time*

12 New president emphasizes unified action—Elaine Herrmann—*profile of Gordon K. MacLeod*

16 Jefferson researchers find gene error—*arthritis treatments on horizon*

16 Society members receive guide to legal matters—*important office manual*

16 Society's sections meet at House of Delegates—*October 18-19 schedules*

18 Physicians called into service remain insured—*message from Society's malpractice carrier*

18 MCP offers fellowship on women in medicine—*opportunity for researchers*

20 Film series focuses on medicine's social issues—*fall series in Philadelphia*

PRESIDENT'S PAGE

8 Summing it up—J. Joseph Danyo—*thoughts on a term in office*

EDITORIAL

10 Diagnosis 100% accurate; treatment 100% successful—Ernest B. Abernathy—*analysis of a perfect case*

MEDICAL FEATURE

22 A review of horse-drawn buggy accidents—William Ives, Sheldon Brotman—*documenting tragic collisions of present and past*

PMS PROFILE

26 County groups enjoy medical-legal programs—U. Berkley Ellis—*regular meetings join two professions*

KEPRO REPORT

30 Preprocedure review changes—Donald E. Harrop—*take note of important revisions*

SPECIAL FEATURES

32 Practice parameters in medicine—Counc on Medical Economics, Subcommittee o Practice Parameters—*progress report on guidelines development*

52 Position paper on AIDS infection—Pennsylvania Public Health Care Association—*world health in crisis*

AIDSPEAK TO AIDSENSE

34 Benefits of antiretroviral therapy—George J. Pazin—*update for patients and physicians*

PRACTICE MANAGEMENT

38 Your office manager—new key to success—The Health Care Group—*empowering a vital asset*

CORRESPONDENCE

42 Debunking myths in indigent care—William H. Mahood—*perpetuating misconceptions*

42 Lawyer discipline system criticized as faulty—Paul G. Bizzle—*experience leads to doubt*

43 Little known methods effective on stress—Arnold H. Gessel—*Jacobsonian relaxation*

43 Correction sought for Penn Chair funding—Loretta J. Guiffra—*contribution pinpointed*

IN MY OPINION

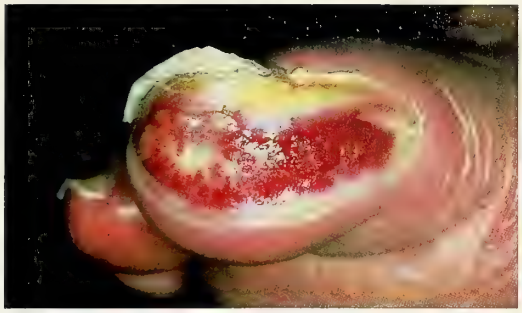
49 Regression to the mean in medicine—Michael Karpf—*influence of utilization review and quality assurance*

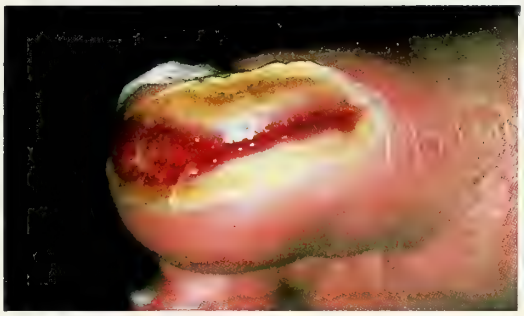
RESIDENT PHYSICIAN SECTION

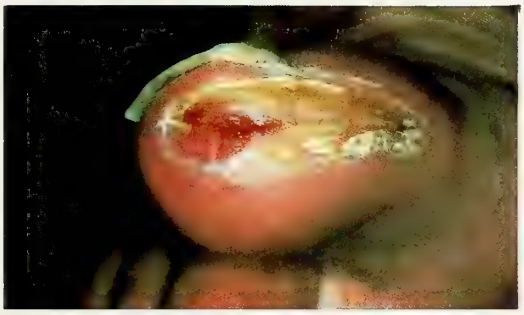
56 How many rich doctors are there?—David J. Shulkin—*physicians in training seek relief*

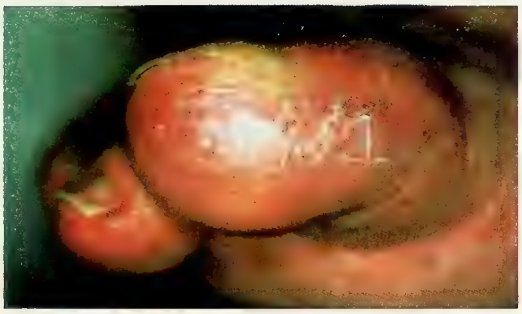
DEPARTMENTS

21 Obituaries
28 Physicians in the news
44 New members
58 Classified advertising
60 Advertisers' index









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MEDIGRAM

HOUSE OF DELEGATES MEETS IN OCTOBER

The Pennsylvania Medical Society House of Delegates will convene at 10 a.m., Friday, October 19, at the Hershey Convention Center. A total of 78 resolutions are on the agenda along with leaders in organized medicine including AMA President Elect John J. Ring, MD, State Society President J. Joseph Danyo, MD, and President Elect Gordon K. MacLeod, MD. The Society's communications plans, approved by the Board in September, will be presented to the House and discussed at a special reference committee hearing. Included are new thrust for PENNSYLVANIA MEDICINE, expansion of news media relations, improvements in member communications, and an emphasis on public awareness and education projects. Also the subject of a reference committee hearing is a plan to reorganize the Society's districts, for better geographic and member population balance. The inauguration of Dr. MacLeod and a reception in his honor will be held Saturday.

SOCIETY MAILING FOCUSES ON MEDICARE FEE CONTROL

Members recently received updates from the State Society on the Medicare Fee Control Act. Effective September 8, the Act prohibits physicians from charging Medicare beneficiaries more than the "reasonable charge" for a Medicare service. The Society's suit in U.S. District Court in Western Pennsylvania charges that the law pre-empts the federal Medicare program. The September 28 mailing included a handout answering patients' questions and a supplemental sign (to post next to the sign required by law) requesting patients to take billing questions to the physician or office staff first. A motion for summary judgment filed September 28 is the latest action in the State Society's continuing efforts toward a speedy resolution to its court challenge. A ruling by the end of November would aid physicians in making Medicare participation decisions at year end.

PROJECT PENNSYLVANIA TO AID UNINSURED

The startup of "Project Pennsylvania" will be announced during the Society's House of Delegates meeting. The project, first developed by Jerold H. Aronson, MD, of Philadelphia, is a registry and referral system through which retired physicians can provide health care to the indigent. Also supported by the state hospital association and the osteopathic medical association, the project would provide liability insurance, now being investigated, for the project's volunteer physicians.

SOCIETY TACKLES ISSUES OF RURAL, INDIGENT CARE

Initiatives to aid indigent rural and urban Pennsylvanians received Board of Trustees support in September. Legislation drafted by the Society for introduction in January would require basic employer-provided coverage, impose a payroll tax to finance a Health Insurance Fund, expand Medical Assistance eligibility, and establish a Health Care Professional Loan Repayment Program. The Board endorsed bills introduced by Senator John Peterson, chairman of the Senate Health and Welfare Committee, to improve rural health by providing a higher percentage of state funds for rural emergency medical services, a scholarship loan fund, and increased training of primary care practitioners. Because of similar goals, a merging of the Society's task forces on rural health and family practice was approved.

HEALTH DEPARTMENT USES FDA GENERIC DRUGS LIST

As of September 10, the FDA's "Orange Book" listing of generic drugs is to be used by Pennsylvania physicians and pharmacists in place of the state health department's generic drug formulary. Only drugs listed by the FDA may be substituted, but physicians may continue to prescribe any generic drug by its generic or branded generic name.

SOCIETY ENDORSES BIOMEDICAL RESEARCH

The Society has joined the Pennsylvania Society for Biomedical Research (PSBR), a new organization to educate the public about the need for humane animal research. Among PSBR directors are representatives from Penn State University, Hahnemann University, University of Pennsylvania, Merck Sharp & Dohme Research Laboratories, Wyeth-Ayerst Research, Inc., and the Pennsylvania Association of Colleges and Universities.

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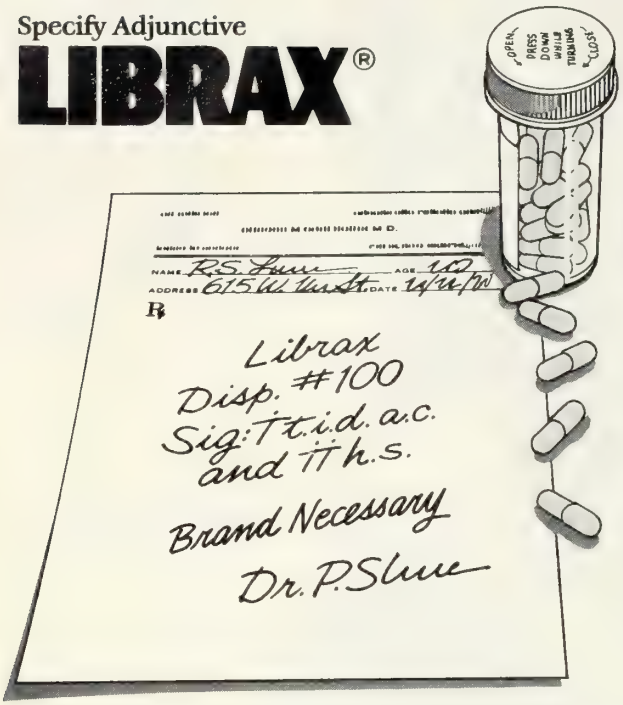

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Final classification of the less-than-effective indications requires further investigation.

Contraindications: Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlordiazepoxide HCl and/or clidinium Br.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving).

Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become pregnant.**

As with all anticholinergics, inhibition of lactation may occur.

Withdrawal symptoms of the barbiturate type have occurred after discontinuation of benzodiazepines (see Drug Abuse and Dependence).

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established. Inform patients to consult physician before increasing dose or abruptly discontinuing this drug.

Adverse Reactions: No side effects or manifestations not seen with either compound alone reported with Librax. When chlordiazepoxide HCl is used alone, drowsiness, ataxia, confusion may occur, especially in elderly and debilitated; avoidable in most cases by proper dosage adjustment, but also occasionally observed at lower dosage ranges. Syncope reported in a few instances. Also encountered: isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent, generally controlled with dosage reduction; changes in EEG patterns may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice, hepatic dysfunction reported occasionally with chlordiazepoxide HCl, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax typical of anticholinergic agents, *i.e.*, dryness of mouth, blurring of vision, urinary hesitancy, constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

Drug Abuse and Dependence: Withdrawal symptoms similar to those noted with barbiturates and alcohol have occurred following abrupt discontinuance of chlordiazepoxide; more severe seen after excessive doses over extended periods; milder after taking continuously at therapeutic levels for several months. After extended therapy, avoid abrupt discontinuation and taper dosage. Carefully supervise addiction-prone individuals because of predisposition to habituation and dependence.

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PRESIDENT'S PAGE

SUMMING IT UP

J. Joseph Danyo, MD

As the end of my term nears, I'm extremely pleased with the Society's progress in the past year.

Upon taking office, I had two main goals. First, I wanted to get physicians to stop feeling unloved and sorry for themselves. Important as it is to have our patients' understanding, we cannot limit ourselves to doing *only* those things that meet with public approval.

I wanted medicine to be aggressive, to realize that society does not share all our values, but that it's OK for us to voice them all the same. We had to learn that the legislators and bureaucrats were writing the rules according to *their* agenda, and that we physicians had to challenge them at their own game.

There is nothing wrong with pursuing our own interests; that is what a professional association is for. The truth of this statement was illustrated to me when some other PMS leaders and I visited with the *Philadelphia Inquirer's* editorial board. We said we had two goals for the Society: improving public health and advancing physicians' concerns. Not one editor raised an eyebrow; people understand that we have to represent our members' interests.

My second goal was to get physicians more involved with shaping their own lot in life. Many of our problems are our own doing. Rejecting the rules made by others, we refuse to play at all, retreating into non-involvement and citing patient-care priorities as an excuse. This won't wash anymore. Conscientious objection to politics doesn't wash anymore.

We in Pennsylvania rose to the challenge when we opted to unify with the American Medical Association. That was our single most important act this year. And unification is working; the AMA is holding up its end of the bargain, supporting us in our lawsuit over the state Medicare Fee Control Act and meeting regularly with PMS leaders about national issues. We have had even more impact on the AMA than we expected.

Another example of PMS taking its proper, aggressive role in society was our decision to withdraw support from the Pennsylvania Health Care Cost Containment Council—a watershed decision. We need to make the movers and shakers accountable.

Sadly, today our leaders see only the problems with health care and not its accomplishments. Health care is seen as a big sinkhole. A key example is the misunderstanding of health care's 11.5-percent share of the gross national product. Health care does cost money, but people fail to see that that 11.5 percent also represents the significant and valuable goods and services produced by the health industry and the employment it provides for many people.

Physicians often get the blame for rising costs; but our services, while admittedly the second-biggest category after hospital services, are remaining around 19 to 20 percent of health costs and not growing as a percentage of the total. Moreover, that figure represents only physicians' *charges*, not payments; it does not include the prodigious charity care we provide, nor the unreimbursed and unmeasured administrative costs associated with the services of physicians, hospitals, and nursing homes.

Our nation has set higher and higher standards for health care in general and physicians in particular. It's sheer folly to think that these unrealistic expectations will help anyone's cause; they are counterproductive and costly.

This is the challenge we face, but the past year has demonstrated that we can begin to turn the tide. Our future and our destiny are in our control.

I have always been proud of the Society, but never more so than now. PMS has recognized the realities and is moving on the fast track. I wholeheartedly endorse the direction we're now taking and expect continued progress on your behalf.

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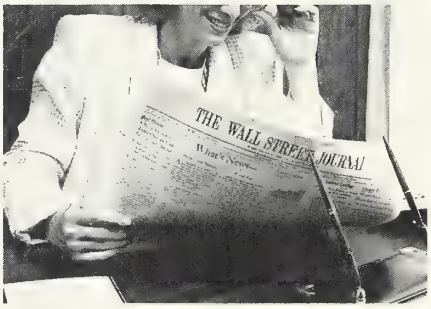

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EDITORIAL

DIAGNOSIS— 100% ACCURATE; TREATMENT— 100% SUCCESSFUL

Ernest L. Abernathy, MD

Sometimes, looking back, we can discern patterns not readily visible at the time. Such an occurence may have been the following, treasured by me as the only completely successful diagnosis and treatment I have ever done. Looking back honestly at our medical experiences, we must acknowledge that we know very little about the biological species known as the human being. Mostly we ameliorate and improve, but what the older clinicians used to call "radical" cure is rare. This is one such case.

Cincinnati was the scene of my first experience with "winos;" several were chronic patrons of the "General," as we called the city hospital. Many of them had a routine that would bring them in following a prolonged bout with cheap wine, in terrible shape. Having withdrawal symptoms, ranging up to frank delirium tremens, and depleted of B vitamins, they would have pellagra and beriberi, and a few also had scurvy, though I never figured out how they contracted it. At any rate, we would put them back in the Blue Room, start an IV, sedate them, and then give 10 percent fructose, add all the ampules of multivatamins that we could pry from the pharmacy, put a urinal in place, and leave them to sleep it off. They would wake after two or three successive IVs, more or less repleted in calories, fluids, and vitamins. They would then go to the psychiatric ward, or would sign out, depending on how they felt. We could admit only a few.

Most of these people were very pleasant. They depended on us to straighten them out so they could go and blot up a bit more wine and I got to know most of them over the space of two years. One of my favorites was Romeo Salvatore. He was somewhat older than the others and very tough.

Romeo had been around for years. Everyone knew him and when he came out of his bouts with wine, he was witty and joked and laughed with all in the clinic. Most of the police knew him and he was one of their favorites, because he was never combative, and was aware that they were helping.

This particular night had been rough. Three or four cuts to sew, automobile trauma, one or two acute bellies, a disposal problem (an older person whose children were trying to dump him on us), some OBs. By six in the morning, I was shot. My partner was off sick, so I had most of this by myself, except for the occasional resident I could conscript to help with a case or two. Everything slowed down about six, and I was sitting on the mourners' bench (where waiting patients sat), because I was too tired to walk back to the little cubbyhole euphemistically called an office.

About this time a policeman walked in. "Doc, we've got Romeo in the wagon. He broke his ankle." I asked what had happened and he said "We found him limping around groaning, in the alley beside the Salvation Army. He won't stay on the stretcher." "Well, if he won't stay on the stretcher, walk him on in. It can't make the ankle that much worse."

I was sitting two-thirds asleep, eyes at half-mast, as they walked our groaning wino past. All I could see was a bunch of feet shuffling through. Something looked vaguely wrong, and I sat there trying to figure what it was—then brilliant light, rockets going off, and I was fully awake.

I walked back to the Blue Room, where the police were holding Romeo down on the table. "Tell you what let's do. Let's put his right shoe on his right foot, and his left shoe on his left foot, and then see how he walks!" Their faces were a sight, and I always regretted that I got no picture of Cincinnati's Finest, as they watched Romeo walk.

That incident may have led me to decide to specialize in a non-clinical field. I knew with certainty that I could never maintain that batting average. So I went into a specialty where second-guessing after all the facts are in is a way of life—all because of Romeo's wine-inspired shoe troubles!

Dr. Abernathy is a pathologist in Washington, PA. He served on the Pennsylvania Medical Society Board of Trustees, and is a past chairman of the Publication Committee.

MRI UPDATE

Figure 1

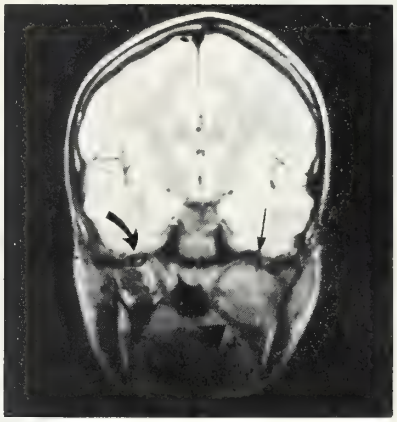

Figure 2

CLINICAL INFORMATION: This is a 14-year-old male with headache and left jaw pain.

FINDINGS: The axial image (figure 1) demonstrates a 4 cm. mass centered in the left parapharyngeal space. It deforms the left nasopharyngeal wall, but the fat plane between the nasopharyngeal wall and the mass indicates that the mass did not arise from epithelium there. The mass extends anteriorly through the pterygopalatine fossa to abut the posterior wall of the maxillary sinus (arrowhead), but it does not appear to invade the sinus. The mass extends laterally adjacent to the neck of the mandibular condyle (large arrow). It is separated from the deep lobe of the parotid by the deep branch of the facial artery. The mass is separated by fat from the internal jugular vein (open arrow). It abuts, but does not encase the internal carotid artery (long arrow). The coronal image (figure 2) demonstrates the mass effect of this large lesion (large arrow). Though the mass lies adjacent to the foramen ovale (small arrow) and appears to engulf an exiting branch of the mandibular nerve, it does not extend intracranially. The mandibular division of the fifth nerve lying just above the foramen ovale is shown on the normal right side (curved arrow).

COMMENT: MRI clearly demonstrates the size and extent of the mass in this difficult location. CT does not provide the multiplanar capability and soft tissue detail afforded by MRI which provides complete presurgical staging and analysis. The differential diagnostic possibilities must include juvenile angiofibroma because of the patient's age and sex. Paraganglioma and schwannoma were also considered possibilities. Mixed tumor arising from the deep lobe of the parotid could produce this appearance, but the lesion appeared to be separate from the deep lobe. The biopsy diagnosis was "sarcoma". Rhabdomyosarcoma in this area more commonly occurs in younger children.

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NEW PRESIDENT EMPHASIZES UNIFIED ACTION

Elaine S. Herrmann

"The very fabric of the medical profession is fraying before our eyes," surmises Gordon K. MacLeod, MD, when asked to wrap his thoughts into an image of the future. Poised to try his hand at the delicate suturing needed to repair that fabric, he assumes the State Society presidency this month. An internist in Pittsburgh, he is clinical professor of medicine and professor of health services administration at the University of Pittsburgh.

Realizing that his turn in office comes as the profession steps deeper into a decade frought with governmental and regulatory impositions on medical practice, he asserts that physicians must maintain a firm belief in professional autonomy and a strong sense of responsibility toward public health. He notes that he shares these and other agenda items with his predecessor in the State Society presidency, J. Joseph Danyo, MD. Dr. MacLeod intends, however, to mark Society initiatives with his personal stamp in two ways: extending the emphasis on public health issues and infusing fresh ideas and new leadership into all programs.

Major priorities sketched

"Partly because of my professional background, one of my major goals is to facilitate the merging of personal health care issues with public health care issues. I've enjoyed my experience as a private practitioner combined with involvement in public health both at the academic and community levels. Where better to bring these issues under one rubric than at the State Society?"

Dr. MacLeod begins his sketch of medicine's present ills by delineating a clear view of the three primary culprits snipping away at the quality and quantity of medical care: government, insurance companies, and employee benefit plans. "This cartel is engaged in the price fixing of health care. The dynamics that influence the costs of health care services have been taken over by a small group of societal forces. Price fixing by that cartel conflicts with the interests of the patient because now bureaucrats, consultants, lawyers, accountants, actuaries, and benefit managers directly influence health care costs without consideration for the doctor/patient relationship."

Spearheading medicine's defenses against this regulatory cartel, Dr. MacLeod maintains, are solo and group practitioners who are at the forefront of patient care. They are also the primary group that organized medicine now calls to become "overtly activist, to retain the high degree of competitiveness that has fueled the extraordinary success of the American medical care system.

"Yet that very success threatens the fabric of the medical profession by producing bureaucratic intervention intended to manage demographic changes. Successful medical management of the growing number of older patients, whose needs and care threaten to overwhelm health care resources, is being thwarted by the price-fixing cartel.

"To paraphrase a few thoughts of William Osler, MD, 'Never have physicians been better trained or better equipped to practice medicine than they are today.' Diseases have disappeared, and death rates are dropping; but the curse of the cartel is conceived in distrust, bred in ignorance, and victimizes all of us who have devoted our careers to helping others."

Regulations escalate health costs

Added to demographic issues and public health crises are governmental and insurance company regulations that create a whole new dimension of costs for physicians. "The practitioner now has to hire staff and buy computer hardware

d software unrelated to medical care. l of this has gone unrecognized by ird party payers as part of the cost of edical care," Dr. MacLeod says.

Looking to nationalized health care stems such as Canada's for examples efficiency is no answer, because inherent flaws have begun to arise as such monolithic systems mature. "Everybody knows about queuing in Canada; but more important are the outcomes from long waiting lists. Because of the effects of that queuing, they've had to contract for services such as open heart surgery with hospitals across the northern tier of the United States. They've also started to introduce DRGs on a limited scale—we all know that the DRG system doesn't work as health care costs continue to rise at twice the rate of inflation. To impose a defective system on top of a system that already has its problems is double trouble."

Gordon K. MacLeod, MD

Meanwhile, as this country's regulatory morass envelops physicians, our state government is attempting to control costs through ineffective bureaucracy like the Health Care Cost Containment Council (HCCC), Dr. MacLeod says. "The only result to date (of HCCC) has been the release of unreliable data to the media and corporations. The State Society has appropriately taken the position of discontinuing support for this activity and seeking more effective ways of collecting cost and quality data," he says.

A primary initiative of the State Society should be its continued pursuit of quality assessment and cost control measures, Dr. MacLeod says. Promising avenues include the development of practice parameters and the AMA's alternative plan, Health Access America. "Organized medicine in the next year should be sufficiently informed to compete with government standards that have often contributed to raising the costs of health care, and at best are only borderline effective. The race is on right now to develop effective practice parameters."

Dr. MacLeod cautions, however, that at the same time organized medicine pursues alternative measures to ease the health care cost dilemma, all practitioners must make vigorous use of the courts to protect medicine's flanks: "In this age of harassment, it (use of the courts) has become perhaps our last recourse in response to regulators. Consideration should be given to establishing at both the state and national levels an early warning system to indicate the potential for restraint of trade and anti-trust violations."

Merging private, public goals

Dr. MacLeod maintains that a combination of forces from the private practitioner's office and the public health sector is

needed to address major public health issues such as drug and alcohol addiction, the AIDS epidemic, high infant mortality rate, poor quality of nursing home care, and lack of adequate funding for indigent care.

"One of the public health care priorities for Pennsylvania needing immediate attention is health care for the indigent," he holds. "The State Society was the first to draft and distribute to legislators a plan for improving access to health care financing for the indigent."

As the fields of preventive and environmental medicine emerge to become vital forces, organized medicine should become their ally, he says. "I hope to initiate a more formal relationship with the Pennsylvania Department of Environmental Resources, and to open other lines of communication." Dr. MacLeod encouraged the publication, in the September 1990 issue, of the article, "Approaching Environmental Medicine," by Bruce Case, MD, director of the Center for Environmental Epidemiology at the University of Pittsburgh Graduate School of Public Health.

"At my request, and because of the state's large percentage of rural residents, initiatives in rural health care and the problems of physician recruitment in rural areas have been given priority by the State Society." While there is no quick and easy way to attract more physicians into the dwindling ranks of rural practitioners, he says, equalized reimbursement mechanisms would go a long way to close the gap between urban and rural medicine.

Recapping his strongest interests among State Society goals leads Dr. MacLeod to pause. "Several years ago, Robert Pressman, MD, then chairman of the Board of Trustees recognized my interest in organized medicine and appointed me chairman of the Society's Committee on Long Range Assessment. While working within that committee, I realized that many physicians have serious worries about the future of medicine. It also led me to another concern: that of internal organization. I intend to call upon my background in health care management to analyze and propose some degree of restructuring of the Society, and to challenge the stereotype of who is a State Society member."

Challenging stereotypes

"If you study AMA data, you know we are well into an era of the corporate practice of medicine, in which about 50 percent of physicians are employed rather than entrepreneurs. The highest concentration of non-AMA membership is within this group, including academic physicians. I think we can find programs to attract these physicians, because they are also struggling with issues of personal and public health care," Dr. MacLeod says.

There is no alternative other than organized medicine that concerns itself with all these issues for all physicians.

The State Society has formed a solid base of entrepreneurial doctors, but the salaried group—and within that the rapidly growing contingent of female and other young physicians—has evolved with few ties to organized medicine, but with strong concerns about the issues of professionalism, quality of care, and a viable health care system. "We must never exchange financial reward for professional independence," he says.

"There is no alternative other than organized medicine that concerns itself with all these issues for all physicians. Because of these concerns, organized medicine must be aware that increasing our membership is a vitally important issue. During the past few decades a major shift in the impact of the medical profession on national health policy has occurred. Physician influence has been reduced as a part of the economic system, with the exponential proliferation of nurses, technologists, administrators, and other health care professionals. Physicians, who once constituted a substantial proportion of the health care professionals in this country, now represent only an increasingly smaller percentage of all health care workers."

One of Dr. MacLeod's responsibilities as president elect is to appoint chairmen to PMS councils and commissions. In doing so he provided an opportunity for new people to step into organization leadership, while continuing the strength of past leaders in other posts. "I think that one of the most attractive elements of organized medicine is that each year a new president comes on board with new ideas. While there are only a few things that you can do when you come into this office for one short year, one of the real powers is the power of delegation. The opportunities will be there for young physicians, if they will submit their names."

Drawn into action

Perhaps because of the large number of physicians and nurses in his family tree, Dr. MacLeod switched to medicine after beginning a career as a member of management in industrial engineering at Proctor and Gamble Company in Cincinnati, Ohio. "Working with machines was fascinating, but it wasn't to my liking. Working with people was." He returned to school at the University of Cincinnati College of Medicine. While there, he married his wife, Jane, 33 years ago. She is director of social work at Shadyside Hospital, Pittsburgh. Their two sons live in Media, PA, and in South Freeport, Maine.

Dr. MacLeod became active in organized medicine during his residency by joining the Massachusetts Medical Society. When he left Massachusetts for New Haven, Connecticut, he transferred his membership. At the New Haven County Medical Society, he volunteered for a long range planning committee, and then to be secretary of the committee. "I learned how to take notes, and meantime discovered the value of becoming significantly involved in organized medicine," he recalls.

Upon his arrival in Pittsburgh in 1974, he immediately joined the Allegheny County Medical Society and became involved in committee work. He also took on an associate editorship of the society bulletin, which provided further opportunity for interaction with county society members. He was elected to attend State Society meetings, where he met Michael P. Levis, MD, who was about to become

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PMS president. "His strong influence prompted me to become more active and to stand for election to the AMA House of Delegates," he says.

In addition to being an AMA delegate and past chairman of the Committee on Long Range Assessment for four years, his State Society roles have included membership on the Committee on Ke-PRO Oversight, the Board of Trustees, the Executive Committee, and the Committee on Organization and Operation of the Board. At the AMA level, he serves on the editorial board of the *Journal of the American Medical Association* and as chairman of the Task Group on Environmental Emergencies.

His clinical ties in Pittsburgh include affiliation with Presbyterian University Hospital, Western Pennsylvania Hospital, and Shadyside Hospital.

Dr. MacLeod has served on a National Advisory Council at the National Institutes of Health, and on several boards of directors, including two hospital boards, the Visiting Nurse Association, and the Health and Welfare Planning Association of Southwestern Pennsylvania. He is past president of the U.S. Medical Administrators Conference and currently president of the faculty senate at the University of Pittsburgh Graduate School of Public Health.

Between medical, academic, and community service, Dr. MacLeod enjoys taking part in a monthly book group and can be found every August at his summer home on Cuttyhunk Island, Massachusetts, reading, sailing and playing tennis. He is often the only physician available to hundreds of islanders and boaters. As he considers the coming year of State Society presidency, he says, "Retreating to my summer place has given me time over the past 25 years to write, to think and to plan for the future."

Jefferson Researchers Find Gene Error

Physicians from Thomas Jefferson University were among scientists forming the research team which made the first discovery of a gene that causes osteoarthritis, the most common form of arthritis.

The research team was composed of collaborating scientists at Thomas Jefferson and at Case Western Reserve University, Cleveland. Their work was funded by the National Institute of Arthritis and Musculoskeletal and Skin Diseases. Darwin J. Prockop, MD, PhD, director of the Jefferson Institute of Molecular Medicine, and colleagues collaborated with Roland Moskowitz, MD, and researchers at Case Western.

Genetic material was examined from 19 members of a three-generation family, including nine family members affected with osteoarthritis. Using techniques of molecular biology, Dr. Prockop, Leena Ala-Kokko, MD, and Associates at Thomas Jefferson isolated and characterized a faulty gene for collagen II, a protein that strengthens the cartilage that covers and cushions joints and that typically breaks down in osteoarthritis. The faulty gene directed the substitution of one amino acid, cysteine, for another, arginine, in a protein composed of more than 1,000 amino acids. The single amino acid mutation was found in all affected members of the family but not in any of the unaffected members tested or in 57 unrelated individuals.

The authors believe that primary generalized osteoarthritis, which usually affects people at age 55 or thereafter, may result from this or other genetic defects that can be fully explored with the molecular approaches employed in the study.

The genetic finding, published in the *New England Journal of Medicine* in February, stemmed from an ongoing research collaboration. Initially, rheumatologists at Case Western noted the unusual early development and apparent hereditary nature of the disease in members of the family, and ruled out potential causes. The Cleveland researchers then collaborated with Dr. Prockop's team, including Robert Knowlton, MD, and Sergio Jimenez, MD, at Thomas Jefferson to search for genetic evidence.

Society Members Receive Guide to Legal Matters

The *Physicians' Medical-Legal Guide for the Office* was mailed to all State Society members this fall. The booklet is the newest offering of the Pennsylvania Medical Society Liability Insurance Company (PMSLIC) Risk Management Department.

The booklet was developed in response to routine inquiries received by PMSLIC about common medical-legal issues affecting an office practice. Based on the risk management department's 11-year experience, certain issues were identified as recurring sources of concern, uncertainty, and confusion. The booklet is designed to be a quick, practical reference for the physicians' office.

The booklet includes such topics as medical record requirements in Pennsylvania, informed consent, the establishment and termination of the physician-patient relationship, a physician's liability for the actions of staff members, the release of medical information, and the refusal of treatment.

Society's Sections Meet at House of Delegates

The special sections of the State Society will meet in October in conjunction with the PMS House of Delegates meeting at the Hershey Lodge and Convention Center. During the section meetings, resolutions for submission to the PMS House and issues of importance to each section will be discussed.

The Hospital Medical Staff Section (HMSS) will meet on Thursday, October 18, from 9 a.m. to 12:30 p.m. in the Lodge's Aztec Room. The HMSS agenda includes debate of resolutions, elections, a caucus, and an open forum. A four-hour workshop, "Building a Better Medical Staff," will be held Thursday afternoon.

The Young Physician Section (YPS) meets Thursday, October 18, from 8:15 a.m. to 3:00 p.m. in Rooms K & M of the Hershey Lodge. The meeting will include a presentation, "Drug Scam—Save Your License!" with speakers including Roberta L. Schneider, MD, vice chairman, PMS Task Force on Drug Abuse, and Joseph C. Peters, executive deputy state attorney general. In addition, Steven Johnson of Thomas Johnson Jr. and Associates will speak on "The Resource-Based Relative Value Scale and Beyond."

The Resident Physician Section (RPS) will meet Friday evening, October 19, with registration beginning at 6 p.m. in

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Cocoa Suites 3 & 4. During the meeting at 6:30 p.m., attendees will elect members to the RPS Governing Council, review RPS resolutions for submission to the PMS House, as well as discuss issues of importance to residents.

The Medical Student Section meets Thursday, October 18, in Suite F of the Hershey Lodge. Registration for students begins at 12:30 p.m., and the Medical School Section meets at 2:00 p.m. in Cocoa Room 7.

Open to all Society members are Reference Committee Hearings to be held the afternoon of Friday, October 19, from 1:30 to 4:30 p.m. All items of business to come before the House of Delegates are referred to a reference committee for discussion and recommendation. Seven Reference Committees will hold hearings in the following subject areas: Bylaws, Education and Science, Medical Practice, Medical Economics/Peer Review, Reports of Officers/Membership, and Forbes Report/Long Range Planning.

Physicians Called Into Service Remain Insured

The Pennsylvania Medical Society Liability Insurance Company (PMSLIC) has assured physicians called to serve during the current military mobilization in the Middle East that they will continue to be covered under PMSLIC policies.

From its inception, PMSLIC has had a procedure in place whereby an unexpected absence from practice will be resolved in favor of the policyholder. The company uses several methods to do this, the simplest being to suspend the policy during the time period that the physician is unable to practice. This would occur during an extended illness or partial temporary disability, and is applicable to service in a military action.

When a policy is suspended, the coverage is still in force for claims and suits which arise as a result of services rendered prior to the beginning of the suspension. Additionally, during the suspension period, all premium and CAT Fund Surcharge are credited to the account.

Another method, specifically for those physicians involved in corporate or partnership arrangements, is to endorse the policy to the lowest classification and apply the maximum discount. This enables the insured to maintain coverage for the corporate or partnership entity.

Basics of ICU Care in New Reference

The ICU Book, by Paul L. Marino, MD, PhD, FCCM, was recently published by Lea & Febiger, Philadelphia.

Dr. Marino is clinical associate professor in the departments of medicine and surgery, University of Pennsylvania School of Medicine, and Director of the Critical Care Division, Department of Surgery at the Graduate Hospital. He is also chairman of the board of directors of the Foundation for the Critically Ill, Philadelphia.

The ICU Book focuses on the fundamental principles of critical care medicine—what you need to survive in any ICU—with a problem-oriented rather than disease-oriented approach. It covers the basics of critical care medicine, stressing the importance of performing those basics properly to avoid life-threatening mistakes. Such common, day-to-day procedures as taking blood pressure and inserting an IV, as well as recurrent problems in fluid replacement, respiration, and other crucial areas are described.

The 713-page paperback contains 155 illustrations. Cost for the book is $39.50.

MCP Offers Fellowship on Women in Medicine

The Medical College of Pennsylvania (MCP) is offering a summer 1991 fellowship for research using materials in MCP's Archives and Special Collections on Women in Medicine.

The archives houses the business and academic records of MCP dating from its founding in 1850 as the Female Medical College of Pennsylvania, the first and only extant medical school regularly organized for the education of women physicians. The Special Collections on Women in Medicine contains the personal papers of women physicians, the records of women's medical organizations and other institutions, and the historic photographs collection. The Archives and Special Collections contain the most comprehensive collection of materials on women in medicine in North America.

One or two grants of up to $1,500 each for four to six weeks of research in the Archives will be made to selected applicants. One grant is reserved for medical students, the second for all other eligible researchers. For an application and description of the fellowship, contact the Archives and Special Collections on Women in Medicine, The Medical College of Pennsylvania, 3300 Henry Avenue, Philadelphia, PA, 19129. Deadline for completed applications is February 15, 1991.

Scholarships Offered in Occupational Medicine

The Occupational Physicians Scholarship Fund (OPSF) is offering stipends to physicians who plan to enter the field of occupational medicine. Scholarship awards with a value of $25,000 to $35,000 annually may be renewed a second year and will be given strictly on merit.

The scholarship fund, under the auspices of the American College of Occupational Medicine, is intended to support health care practitioners during training in an accredited occupational medicine residency program. Following at least one year of clinical training, occupational medicine programs offer training in epidemiology, biostatistics, environmental health and health care administration along with required practicum experiences including industrial rotations.

Propsective students may attend any approved residency program. The OPSF stipend, based on federal stipend levels appropriate for years of training, will be awarded upon acceptance into an occupational medicine residency program.

The fund, established to attract physicians to the field of occupational medicine, has received more than $4.3 million in contributions since its inception in 1987.

Information is available from: Occupational Physicians Scholarship Fund, American College of Occupational

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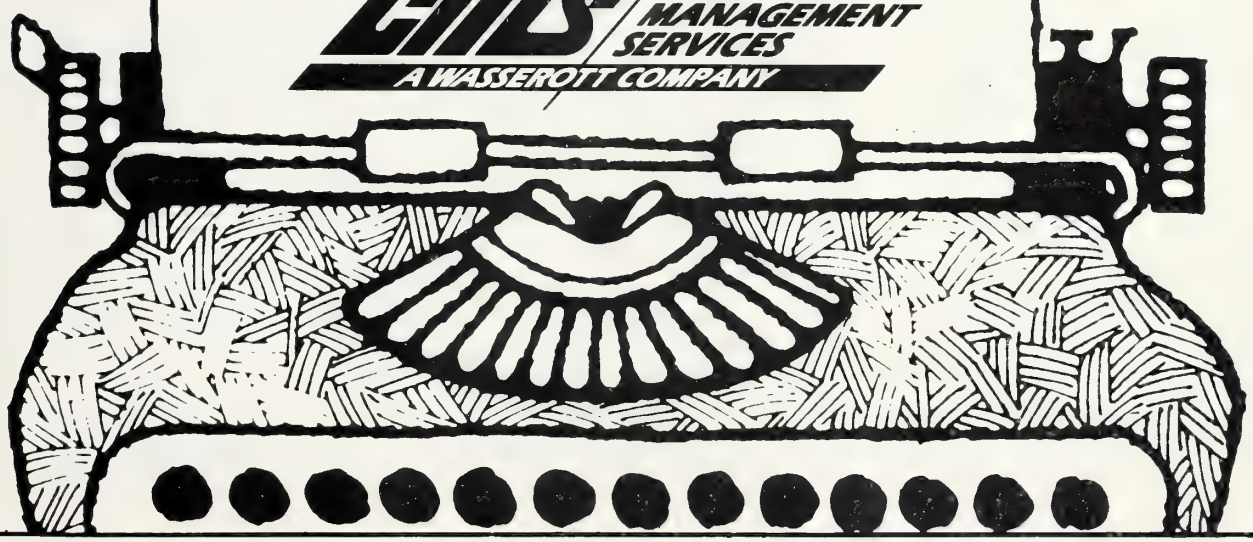

Medicine, 55 West Seegers Road, Arlington Heights, IL, 60005.

PAIN SOCIETY BEGUN IN DELAWARE VALLEY

A new organization to promote the study and management of patients with chronic pain has been created at Thomas Jefferson University Hospital, Jefferson Pain Center.

Headed by Lorraine M. Arias, MD, director of the Pain Management Center at Jefferson, the Delaware Valley Pain Society plans educational programs and quarterly meetings featuring speakers in the field of pain management. The organization is designed for anesthesiologists and physicians from neurology, neurosurgery, dentistry, and other medical specialties, including RNs.

The Delaware Valley Pain Society is located at the Jefferson Pain Center, 834 Chestnut Street, Philadelphia, PA 19107.

CALIFORNIA AGREES TO LOW COST MEDICINES

Merck Sharp & Dohme (MSD) and the state of California have agreed to provide MSD single-source prescription medicines to the state's Medi-Cal Program at MSD's lowest price. The program is expected to provide disadvantaged citizens with better access to medicine at lower cost to taxpayers.

Under the MSD Equal Access to Medicines Plan, the company will extend to Medi-Cal its best price for outpatient medications, and physicians will have enhanced access to current and future MSD single-source products.

The savings will be given to the state as quarterly equalization payments based on the difference between the MSD price to wholesalers, and any lower price extended to any customer including the federal government. MSD estimates the payments to California will amount to $2 million or more each year. Similar agreements have been reached between MSD and other states.

FILM SERIES FOCUSES ON MEDICINE'S SOCIAL ISSUES

A film series probing social issues in medicine is being sponsored this fall by the Medical Humanities program and the Archives and Special Collections on Women in Medicine of the Medical College of Pennsylvania (MCP).

The series, "Humanities and Health Care: Perspectives for a New Decade," supported in part by the Pennsylvania Humanities Council and the van Ameringen Foundation, focuses on medicine and ethics, history, gender, economics, the elderly, law, and the media. The films began September 26 and will continue every Thursday evening through November 15, from 6:00 to 8:00 p.m. in the Kaiser Auditorium at MCP's main campus in East Falls. A panel of speakers will offer their views and experiences during each session.

Scheduled for the remainder of the series are: "Doctor Woman," on women in medicine, October 18; "What about Mom and Dad?" on health care and the elderly, October 25; "Victims at Birth," on pregnancy and drug abuse, November 1; "Prescriptions for Profit," on pharmaceuticals, November 8; and "AIDS: Our Fears, Our Hopes," a live theatre presentation, November 15.

To register in advance or receive a complete schedule of topics and speak ers, call Helen Barnes, Medical Huma ities Office, (215) 842-6540.

SURGEONS HOLD COMBINE SCIENTIFIC MEETING

The first combined chapter conferenc of the Eastern and Central Pennsylvania chapters of the American College of Surgeons (ACS) was held Septembe 28 and 29 in Clarks Summit. The scie tific meeting updated practicing gener surgeons, cardiologists, anesthesiologists, radiologists, and orthopedic surgeons in several areas of critical care as well as in new developments in medicine.

Bart Chernow, MD, FACP, physician in-chief of Sinai Hospital in Baltimore and editor-in-chief of *Critical Care Medicine,* began the program speakin about the "Pharmacologic approach t the critically ill patient." Other speake included W. Christopher Bryan-Brown MD, professor of anesthesiology at Albert Einstein College of Medicine, Yeshiva University, Bronx, NY; Congressman William J. Coyne; William C Shoemaker, MD, FACS, professor of surgery, UCLA School of Medicine, Lo Angeles; and Robert F. Wilson, MD, FACS, professor of Surgery, Wayne State University, Detroit.

State Society President J. Joseph Danyo, MD, concluded the program with an address, "Pennsylvania Medic Care—Where Are We Going?"

A HELPING HAND FOR THE TROUBLED PHYSICIAN

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Write Physicians' Health Programs, The Educational and Scientific Trust of the Pennsylvania Medical Society, 777 East Park Drive, P.O. Box 8820, Harrisburg, PA 17105-8820.

OBITUARIES

• Denotes PMS membership at time of death.

Joseph B. Anderson, *Lynchburg*
University of Pittsburgh School of Medicine, 1931; age 83, died July 7, 1990. Dr. Anderson was a urologist. •

Theodore W. Eastland, *Kutztown*
Hahnemann University School of Medicine, 1936; age 82, died July 4, 1990. Dr. Eastland was a general practitioner. •

Theodore A. Henderson, *Ambler*
University of Pennsylvania School of Medicine, 1932; age 85, died August 1, 1990. Dr. Henderson was an internist. •

William R. Hunt, *McKeesport*
University of Pittsburgh, 1938; age 76, died July 18, 1990. Dr. Hunt was a general surgeon. •

R. Marvel Keagy, *Hollidaysburg*
Jefferson Medical College, 1935; age 82, died July 22, 1990. Dr. Keagy was a pediatrician. •

Robert C. Jalbuena, *Broomall*
University of Pennsylvania School of Medicine, 1953; age 65, died August 5, 1990. Dr. Jalbuena was an ophthalmologist. •

John B. Levan, *Myerstown*
University of Pennsylvania School of Medicine, 1936; age 79, died July 20, 1990. Dr. Levan was a cardiologist. •

Harrie B. Lochhead, *Spring House*
Temple University School of Medicine, 1935; age 83, died July 21, 1990. Dr. Lochhead was a pathologist. •

Oliver E. Mattas, *Altoona*
Jefferson Medical College, 1930; age 85, died April 14, 1990. Dr. Mattas was a urologist. •

John H. O'Donnell, *Carnegie*
University of Pittsburgh School of Medicine, 1945; age 70, died July 24, 1990. Dr. O'Donnell was an anesthesiologist. •

C.A.P. Peters II, *Cogan Station*
University of North Carolina School of Medicine, 1979; age 46, died July 4, 1990. Dr. Peters was a family practitioner. •

Philip Rosenberg, *Philadelphia*
Temple University School of Medicine, 1935; age 78, died July 25, 1990. Dr. Rosenberg was an internist. •

Arthur C. Hoenstine, *Manheim*
University of Pennsylvania School of Medicine, 1938; age 79, died July 6, 1990. Dr. Hoenstine was an ophthalmologist.

Edward P. Jaffe, *Philadelphia*
Philadelphia College of Osteopathic Medicine; age 67, died June 2, 1990.

Francis J. McGeary, *Jenkintown*
Jefferson Medical College, 1926; age 88, died July 15, 1990. Dr. McGeary was an obstetrician and gynecologist.

G. Paul Moser, *Danville*
Jefferson Medical College, 1931; age 84, died July 29, 1990. Dr. Moser was an otolaryngologist.

William E. Novogradac, *Pittsburgh*
University of Pittsburgh School of Medicine, 1961; age 55, died August 9, 1990. Dr. Novogradac was a general surgeon.

Diane E. Pearson, *Rosemont*
Medical College of Pennsylvania, 1961; age 55, died July 12, 1990. Dr. Pearson was a psychiatrist.

Martin J. Schecter, *Newtown*
Philadelphia College of Osteopathic Medicine; age 38, died June 14, 1990. Dr. Schecter specialized in emergency medicine.

Robert W. Williams, *Pittsburgh*
University of Pittsburgh School of Medicine, 1963; age 52, died July 21, 1990. Dr. Williams was an obstetrician and gynecologist.

GEISINGER CLINIC

1990–1991 Continuing Education Programs

4th Annual Horizons in Cardiac Rehabilitation
Friday, October 12, 1990

Advanced Cardiac Life Support Provider Course
Friday, Saturday, Sunday, October 19-21, 1990

Advanced Cardiac Life Support Recertification Course
Saturday, November 3, 1990

Pediatric Update: Advances in Medical and Surgical Management of Children with Chronic Diseases
Thursday, November 8, 1990
Mountain Laurel Resort, White Haven, PA

Advanced Trauma Life Support Provider Course
Friday & Saturday, November 9 & 10, 1990

Update in Rheumatology
Wednesday, November 14, 1990

Pediatric Advanced Life Support Provider Course
Thursday & Friday, November 15 & 16, or November 29 & 30, 1990

Advanced Trauma Life Support Instructor Course
Friday, Saturday & Sunday, December 7–9, 1990

Advanced Trauma Life Support Provider Course (ATLS)
Friday & Saturday, January 11 & 12, 1991

Winter Update in Gastroenterology
Tuesday, Wednesday, Thursday, January 22–24, 1991
Seven Springs Resort, Champion

Advanced Cardiac Life Support Instructor Course
Friday & Saturday, February 1 & 2, 1991

16th Annual Concepts in Clinical Practice
Saturday & Sunday, February 9 & 10, 1991
Location to be announced

Advanced Cardiac Life Support Provider Course
Friday, Saturday, Sunday, February 22–24, 1991

Emergency Medicine Update
Wednesday, February 27, 1991

Contemporary Issues in Internal Medicine
Wednesday, March 6, 1991

Advanced Traumas Life Support Provider Course (ATLS)
Friday & Saturday, March 8 & 9, 1991

ENT for the Family Practitioner
Wednesday, March 13, 1991

Advanced Cardiac Life Support Recertification Course
Saturday, March 16, 1991

Family Practice Update: '91
Wednesday, March 20, 1991

Dermatology Update
Wednesday, April 3, 1991

Pediatric Advanced Life Support Provider Course
Thursday & Friday, April 4 & 5, or April 18 & 19, 1991

Acute & Chronic Lung Infections: Diagnosis & Management
Wednesday, April 10, 1991

Symposium in Obstetrics & Gynecology
Wednesday, April 17, 1991

Neuro-Imaging Update
Saturday, April 20, 1991
Danville Days Inn

Impotence: Evaluation & Treatment Options
Wednesday, April 24, 1991

6th Annual Sight Loss Support Group Meeting
Wednesday, May 1, 1991
Danville Days Inn

Ischemic Hypertension & Renal Failure: Current Concepts
Wednesday, May 8, 1991

5th Annual Symposium in Clinical Medicine
Tuesday-Friday, June 18–21, 1991
Hilton Head Island, South Carolina

Please check each specific flyer as it arrives for starting time, location, number of credit hours, and types of credit. Programs may be cancelled due to insufficient registration. If not pre-registered, please call to confirm the program.

Geisinger

As an organization accredited by the Pennsylvania Medical Society for its continuing medical education program, the Geisinger Clinic designated these activities as meeting the criteria for Category I credit for the American Medical Association's Physician's Recognition Award and the Pennsylvania Medical Society membership requirement. Please refer to each individual program flyer for registration fees, starting times, and number of credit hours. For further information or for copies of individual programs, call Sharon Hanley, RMP, collect, at 717-271-6692. There is a 24-hour answering service available. You may also write to her at North Academy Avenue, Danville, PA 17822-1350.

MEDICAL FEATURE

A REVIEW OF HORSE-DRAWN BUGGY ACCIDENTS

William Ives, MD
Sheldon Brotman, MD

Horse-drawn buggies, although rare today, still flourish among certain religious groups in rural America. The Amish, Mennonites and Brethren, for example, use the "horse and buggy" as their primary means of transportation. As many have no telephone or radio as well as no automobiles, also by religious preference, the horse and buggy is an essential link with the surrounding community.[1,2] With population expansion into areas with large Amish communities, tl horse and buggy is a constant hazard t and from, vehicular traffic.

We studied accidents involving hors drawn buggies and motor vehicles survey the level of injury and gain a be ter understanding of the dangers which buggy occupants are expose Our interviews were almost exclusive with the most conservative of these re gious groups, the "Old Order" Amis who use no electricity, telephone, or m tor vehicles.

We reviewed all accidents involvi horse-drawn buggies reported to tl Pennsylvania Department of Transport tion from 1984 through 1986. In additi to analyzing all available data from sta files and hospital records, personal inte views within the Amish community al supplied valuable information.

Results

From 1984 to 1986, there were 157 ı ported accidents involving horse-drav buggies struck by motor vehicles, sev of which were fatal (rate, 4.5 percen The buggies were rear-ended in 66 (42 percent) accidents, struck at an angle 59 (37.5 percent), hit head-on in 17 (1(percent), and side-swiped in 11 (7.0 pe cent).

Possible factors for the accidents cluded motor vehicle driver drinking 28 (17.8 percent), including two in whi fatalities occurred (28.5 percent of fa accidents), and motor vehicle speedi in 20 (12.7 percent), including two which fatalities occurred (28.5 percent

A fatal head-on horse drawn buggy accident—photographed by the authors

Drs. Ives and Brotman are traumatologists at Geisinger Medical Center, Danville.

al accidents).

The average accident rate was higher weekend days (55 on a Saturday or nday; daily average, 27.5) than on eekdays (102 during the week; daily erage, 20.4). Lighting conditions were o considered: 75 accidents (47.8 percent) occurred during daylight, 14 (8.9 rcent) at dawn or dusk, 14 (8.9 percent) when dark with street lights, and (34.5 percent) when dark with no eet lights.

One hundred twenty-three (78.3 percent) of the accidents, including all of the al accidents, occurred when there ere no adverse weather conditions, ch as rain, sleet, hail, snow, fog, or oke. The road surface was dry in 111 .7 percent) of the accidents, and ain, in all of the fatal accidents.

Most of the accidents (84; 53.5 percent), including all of those resulting in alities, occurred where there was no ersection. Thirty-two (20.4 percent) curred at four-way intersections. ere was no traffic control device at 0 (82.8 percent) of the accident scenes, cluding all of the accidents involving alities. Most of the remainder (24; 15.3 rcent) involved an intersection with a p sign.

e victims

ere were a total of 599 individuals inlved in the accidents; nine were killed, 2 were injured, and 328 were uninred. Of those killed or injured, 152 .3 percent) were men and 118 were men.

Of the nine fatalities, eight (88.9 percent) were buggy occupants (two male erators, six female passengers) and e was a male motorcyclist who struck unoccupied, parked buggy.

Of the 262 injured, 215 (82 percent) ere buggy occupants (121 men, 94 men) with an average age of 27 ars, and 55 (21 percent) were motor hicle occupants (31 men, 24 women, e was not listed). State police reported major, 41 moderate, and 145 minor uries among buggy occupants, and ree major, 14 moderate, and 36 minor uries among motor vehicle occupants. xty-four buggy occupants received ad injuries and 64 had extremity injus.

Of the 328 not injured, 144 were ggy occupants and 184 were motor hicle occupants.

Overall, buggy occupants accounted 82 percent of the killed or injured d had a 60 percent chance of injury or ath in these accidents. One hundred eight (33 percent) of the buggy occupants were ejected from the vehicles and nine were partially ejected.

None of the buggy drivers had commercial insurance.

A funeral procession of Amish horse-drawn buggies—Photograph by Richard Reinhold of Lancaster

Devastating results

Pennsylvania state law requires that all accidents involving injury, death, or significant property damage be reported. Therefore, we believe that the statistics in this study, based on the State Police or Department of Transportation accident records, represent an accurate picture of the horse and buggy accidents that occurred from 1984 through 1986.

While horse and buggy accidents are not common, the results can be devastating. The buggies are built lightweight so that a horse can pull them more easily, and travel at a fraction of the speed of motor vehicles. When one considers kinetic energy, which equals $1/2$ (mass) $(\text{velocity})^2$ not only is the mass of a motor vehicle many times that of a buggy, but more importantly, its velocity is many times higher. Buggies are not designed to deflect the energy of a high speed impact, and instead absorb almost all of the energy. The slow speed of the horse and buggy also creates a large speed differential between the buggy and motor vehicle, increasing the risk of collision. Separate lanes for buggies in areas where they are concentrated may be an effective safety measure, as most of the accidents occurred on secondary roads and did not involve an intersection.

Some of the accidents were reportedly

caused by buggies pulling out into traffic too soon. The Amish do not drive motor vehicles, although many will ride in them. They perhaps lack an understanding of braking distance, visibility, and other factors facing the motor vehicle driver. Educational programs for buggy drivers might give them a greater appreciation of the motor vehicle driver's situation.

The accidents certainly cannot be attributed to bad weather or poor road conditions, given that more than 70 percent were on dry roads on clear days. It is our opinion that the "camouflaged" appearance of the buggies is a risk factor. The buggies in our area are painted gray and black, blending with road color, because the Amish favor simplicity and modesty. Almost half of the accidents occurred during daylight so darkness cannot be responsible. This lack of easy visibility of the buggies also correlates with the high incidence of rear end collisions. Better visual identification might be provided by more rear reflectors, brighter buggy paint colors, and better on-buggy lighting such as strobe lights. These would be effective in both night and day. Almost half of the buggies were rear-ended, and at least half of the strikes from an angle probably came from the rear. Thus, mounting these lights on the rear would probably be most effective. At least one Lancaster, Pennsylvania, buggy maker began adding more reflective tapes and reflectors to the rear ends of his 1989 models.

Motor vehicle driver alcoholic drinking and speeding each account for almost 30 percent of the fatal accidents. Both these factors reduce the reaction time of a motor vehicle driver when he sights a slow moving vehicle. As mentioned, this reaction time frequently is quite small anyway due to the speed differential between buggies and cars under normal circumstances. Stricter laws and harsher penalties might reduce the toll these vices have on innocent parties.

The low mean age of accident victims who were horse and buggy occupants 27 years, indicates the extent of productive ability lost through injury or death. As most of the victims were male, and Amish and Mennonite males support the household, this also is a threat to a family's income. Because these religious groups have a strong communal sense they all assume the responsibilities of those injured, including, if necessary, financial obligations. They do not generally accept aid from the government, but sacrifice as a group. Thus, one devastating injury can have a community-wide impact.

Police officers investigating buggie accidents did note a high incidence of head and extremity injuries, as might be expected. Buggies are not equipped with seat belts, and the occupants never wear helmets. A 33 percent rate of buggy occupant ejection is alarming and might account for many of the injuries. Since the buggies tend to disintegrate on impact, further study is needed to see if it would be safer to be restrained or unrestrained in a buggy.

Conclusions

Horse and buggy accidents represent a neglected area of study that affects a small segment of the state's population. The Amish avoid contact with the outside world but are valuable members of the community. They are gainfully employed, pay taxes, often donate labor and products, and rarely accept anything from the government. Most do not believe in insurance and pay their bills in cash. We found no Amish nursing homes, because most farms support extended families.

The most effective means to reduce the suffering caused by these accidents might be through preventive measures such as better warning devices, separate lanes for horse and buggies, and buggy driver education courses. More effective deterrents might prevent the accidents associated with speeding and driving under the influence of alcohol. A stronger buggy body which could better deflect the energy of a high speed impact, along with seat belts, might lower the 30 percent rate of ejection and 60 percent chance of injury or death in these collisions.

References

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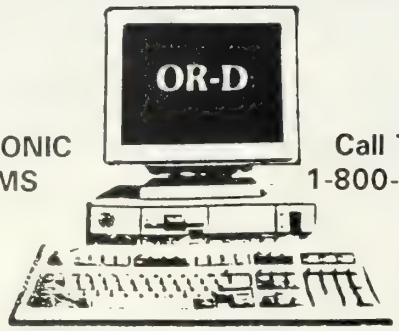

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References:

1. A. Morales et al., New England Journal of Medicine: 1221. November 12, 1981.
2. Goodman, Gilman — The Pharmacological basis of Therapeutics 6th ed., p. 176-188. McMillan December Rev. 1/85.
3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

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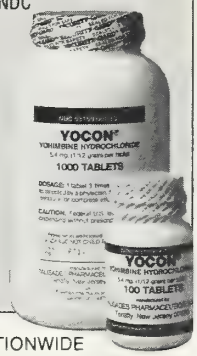

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PMS PROFILE

COUNTY GROUPS ENJOY MEDICAL-LEGAL PROGRAMS

U. Berkley Ellis, EdD

At national and state levels of the organized medical and legal professions, we are witnessing increased numbers of cooperative, joint activities. The AIDS Symposium, held April 17 in Harrisburg, was sponsored by the State Society and the Pennsylvania Bar Association for 200 legislators, staff, and policy makers. The American Medical Association and the American Bar Association are jointly sponsoring a nationwide program, "Drug Education for High School Students." These programs at both state and national levels represent welcome interaction between the two professions.

On the local level, a recent cooperative venture was the "Right to Die Seminar" sponsored by the Joint Medical-Legal Committee of the Montgomery County Medical Society and the Montgomery County Bar Association. The audience of approximatley 100 included nurses, hospital administrators, clergy, lawyers, and physicians. They heard panel, composed of a nurse, physicia judge, and lawyer, discuss the emotiona legal, and moral ramifications of th right-to-die debate.

Lee Cowperthwait, Esquire, pan moderator, said the issue of the right t die involves both the medical and leg professions, who should both recogniz the needs of the patient and the family i this decision.

Barbara Woodruff, RN, director of r habilitation nursing, Sacred Heart Hosp tal, described the nurses' experience with terminal patients: "Turning off th machine does not result in immediat death. Often the patient continues t function and nurses must continue t provide care."

Judge William T. Nicholas, Montgom ery County Common Pleas Court, spok of the importance of communication b tween all parties in a right-to-die dec sion. When the court is involved, an the judge does not have the benefit confirmation of the patient's wishes, th judge must rely upon a substitute judg ment provided by family members. D termining that the information pre sented is the true wish of the patie rather than that of the family is a signi cant concern. Judge Nicholas conclude "This concern to carry out the true wis of the patient accentuates the value having a living will."

Alan L. Dorian, MD, retired surgeo said, "After (a patient has experience

Nurses, clergy, lawyers and physicians attended the "Right to Die" seminar sponsored by the Montgomery County Medical Society/Montgomery County Bar Association Joint Medical-Legal Committee at the county society's headquarters.

The author is executive director of the Montgomery County Medical Society.

ears of trauma, ICU, and terminal care, hat patient's) conditions have changed. eath need not be an enemy. Death can e a friend." He added, "With the con-ant vacillation and contradictions of ie state and federal courts, doctors are rced into the role of 'negotiator' rather ian that of a caring family physician."

Mr. Cowperthwait concluded, "All ust understand there are no magic so-tions to the questions raised in this crit-al, emotional situation."

rofessional ties

yearly event, the Medical-Legal Semi-ar has addressed many timely and of-n controversial topics: "Organ Trans-antation: Legal, Medical Implications id Problems"; "AIDS in the Hospital Vork Place—Liability, Confidentiality, id Safety"; "Hospital Staff Privileges—A ght"; "Informed Consent."

Other joint activities sponsored by the vo organizations have promoted per-onal friendships and improved rela-ons. Monthly luncheons, open to the ntire memberships, provide time to dis-iss grievances between lawyers and hysicians. Luncheon speakers have ad-ressed such topics as: "Adoptees—amily Records"; "Impact of AIDS on the ommunity Relative to Blood Banks"; Depositions for a Medical Case."

An annual dinner dance brings to-ether members and spouses of both or-anizations in a friendly social atmo-here. Speakers have included ominent personalities such as the U.S. rgeon general, and presidents of the MA and ABA.

While not all members of both profes-onal groups in Montgomery County hoose to participate in these activities, ey have all personally gained. Agree-ent with the courts has substantially ecreased physicians' time away from edical practice when subpoened to tes-y, provide deposition, or produce med-al records.

As H. Craig Bell, MD, editor of the *Bul-tin of the Montgomery County Medical ociety* said in an article, "The two roups forming the committee do not al-ays agree. However, our regular meet-gs do much to cement ties of better un-erstanding."

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PHYSICIANS IN THE NEWS

Philip M. Hanno, MD, FACS, was appointed professor and chairman of the Department of Urology at Temple University School of Medicine. Dr. Hanno co-edited a book, *Internal Cystitis,* published by Springer Verlag this year.

Emmanuel E. Garcia, MD, associate psychiatrist at The Institute of Pennsylvania Hospital, Philadelphia, was named recipient of the 1990 Kenneth Appel, MD, Award, sponsored by the Philadelphia County Medical Society. The award is made to a Philadelphia area psychiatric resident who submits the best paper on clinical psychiatry relating to an experience in therapy or research.

F. William Sunderman, MD, PhD, co-chaired the International Congress of Clinical Chemistry in San Francisco. Dr. Sunderman, director of the Institute for Clinical Science at Pennsylvania Hospital, Philadelphia, was hailed as the "father of proficiency testing in clinical laboratories."

Robert A. Ball, MD, Lower Merion, will make a research presentation at the Surgical Forum on Reproductive Biology in San Francisco in October. He is associated with the Division of Urological Surgery, Harvard Medical School, and Brigham and Women's Hospital, Boston, MA. The research, on the feasibility of surgically repairing nerves involved in erectile dysfunction, won a Harvard/Countway Urology Resident Research Competition Award.

Suresh Ghosh, MD, a thoracic and cardiovascular surgeon, lectured at the annual meeting of the University of Calcutta Medical Association of America. Dr. Ghosh presented his findings on subxphoidal pericardial decompression. Dr. Ghosh is in private practice in the Delaware Valley.

John J. Kelly, MD, has been appointed chairman of the Department of Medicine and director of the Internal Medicine Residency Program at Abington Memorial Hospital. He succeeds W. Bernard Kinlaw, MD, who retired in July after 17 years of service. Dr. Kelly had been associate director of the Internal Medicine Residency Program.

Daniel V. Schidlow, MD, Merion, has been named chairman of the Medical Advisory Council of the Cystic Fribrosis Foundation. Dr. Schidlow is chief of the Pulmonary Medicine and Allergy Section at St. Christopher's Hospital for Children and professor of pediatrics at Temple University School of Medicine.

Donald R. Mattison, MD, formerly professor of obstetrics and gynecology and professor of toxicology at the University of Arkansas for Medical Sciences, has been appointed dean of the University of Pittsburgh Graduate School of Public Health.

Kenneth Heaps, MD, has been named vice president of medical affairs at York Hospital. He had been director of medical education at the hospital and practiced pediatrics in York for 15 years.

Herbert E. Mandell, MD, has been named chief of the Division of Child and Adolescent Psychiatry at Albert Einstein Medical Center and Philadelphia Psychiatric Center, an Einstein subsidiary. Among his duties, Dr. Mandell will develop new day and in-patient programs for children and adolescents, and direct a new residency program in child and adolescent psychiatry. He previously was medical director of the Children's Unit at Northwestern Institute.

Morris D. Kerstein, MD, a specialist in peripheral vascular surgery, was named Edgar J. Deissler Professor and chairman of the Department of Surgery at Hahnemann University, Philadelphia. Dr. Kerstein is one of only five U.S. Navy Reserve Medical Corps admirals and was officially frocked as a rear admiral in October, 1989. He came to Hahnemann from Tulane University School of Medicine, New Orleans.

Joseph C. Flanagan, MD, Philadelphia spoke at the Pennsylvania Academy of Ophthalmology and Otolaryngology meeting, Hershey, on "New Orbital Implant for Enucleation with Improved Mo

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ility." He also participated in the An-
ual Orbital Society Meeting in Madison,
Visconsin, with a case presentation and
iscussion. He is an author of *Manage-
nent of Orbital and Ocular Adnexal Tu-
nors and Inflammations,* 1990.

oseph R. DiPalma, MD, emeritus
ean, Hahnemann University School of
Iedicine, received the University Medal
t Hahnemann's June commencement
xercises. The University Medal is
Iahnemann's highest honor.

uring graduation ceremonies at
Iahnemann University, **Suzanne
arro, MD,** assistant professor of anat-
my, received a Lindback Foundation
ward, presented in recognition of dis-
nguished teaching. **Scott A. Kolander,
ID,** assistant professor of medicine, re-
eived the Blockley-Osler Award, pre-
ented for excellence in teaching of clini-
al medicine. **Joseph Gambescia, MD,**
1944 graduate of the university, was
amed emeritus professor of medicine at
ahnemann.

rnold T. Berman, MD, professor and
hairman, Department of Orthopedic
urgery and Rehabilitation, Hahnemann
niversity, helped developed an exhibit
r the Futures Center of the Franklin In-
itute Science Museum using implants
nd protheses to construct half of a "Ma-
erial Woman." The maniquin's clear
lastic shell allows viewing of such de-
ices as finger, wrist, shoulder and elbow
eplacements, a speech device, an insu-
n pump, an artificial heart, and other
rotheses. Dr. Berman serves as medical
onsultant to this and other exhibts in
e Future Health section of the Futures
enter.

lariell Jessup, MD, has been named
irector of the Heart Failure Unit at the
hiladelphia Heart Institute, a compre-
ensive cardiovascular center for patient
are, education and research at Presby-
erian Medical Center. Previously she di-
ected the Heart Failure and Transplan-
ation Center at Temple University and
as named associate professor of medi-
ine at Temple in 1988.

larvey L. Neiman, MD, chairman, De-
artment of Radiology, The Western
ennsylvania Hospital, and clinical pro-
essor of radiology, University of Pitts-
urgh School of Medicine, was invited as
e 11th Walter M. Whitehouse lecturer
nd guest professor at the University of
Iichigan in September.

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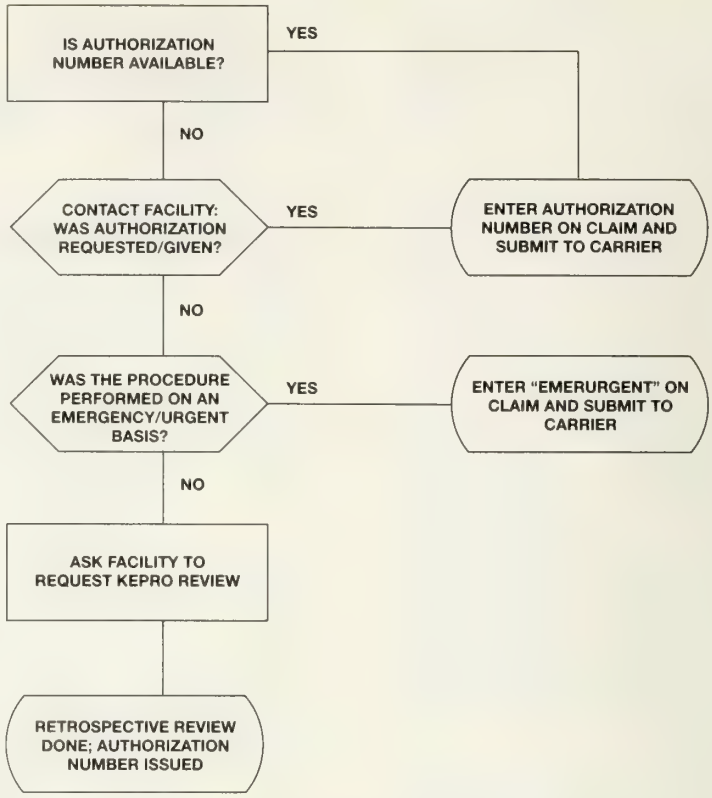
KePRO REPORT

PREPROCEDURE REVIEW CHANGES

Donald E. Harrop, MD



PREPROCEDURE REVIEW CLAIM SUBMISSION PROCESS
Direct any questions to the PRO contact person at your hospital.

Even before preprocedure review was implemented in January, there were serious concerns about hospitals' and physicians' cash flow when the procedures requiring prior approval are performed on an urgent or emergency basis. This is because it is still necessary for these cases to be reviewed retrospectively but on a prepayment basis. Since it can take more than two months for a claim to go through the entire cycle and payment is made, some cash flow problems can occurr especially for those hospitals and physicians performing a large number of these procedures as urgent or emergency cases.

In July, KePRO instituted a new process for facilitating carrier and fiscal intermediary payment of claims requiring preprocedure review. When a procedure requiring preauthorization is performed on an emergency or urgent basis and a preprocedure review is not obtainable, physicians and hospitals should use a "dummy" treatment authorization number (TAN) when submitting the claim for payment. This "dummy" TAN can also be used in cases of unanticipated surgery or situations in which diagnostic confirmation of the medical need for surgery is unavailable until shortly (i.e., less than two days) before surgery.

The "dummy" code is: EMERURGENT. Using this code enables physicians and hospitals to be paid for the claim before KePRO reviews the case. This code also can be used to bill older cases involving emergency/urgent/unanticipated surgery which have not been submitted for payment or for KePRO review. KePRO will then conduct post-payment review of all cases involving the "dummy" code.

When elective surgery is performed without preauthorization, physicians must ask their hospital to request KePRO review of the case. In these circumstances, a TAN will be issued only after retrospective review and approval of the surgery. This process can delay payment considerably, therefore preauthorization of cases is still more advantageous for the physician and the hospital.

The "dummy" code cannot be used for elective surgery claims. KePRO will monitor the use of this code to assure appropriate usage.

The flowchart on this page depicts the claim submission process and may be helpful.

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3:30–4:00	Early management: Thrombolytic agents, heparin, beta-blockers, nitrates, aspirin, etc. Which drugs and for whom?	*William J. Untereker, MD*
4:00–5:00	Case Presentations	*Marie-Noelle Langan, MD*

Panel Discussion

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SPECIAL FEATURE

PRACTICE PARAMETERS IN MEDICINE

Subcommittee on Practice Parameters, Council on Medical Economics

In the rather long history of quality assurance, seldom has there been a time when payors, providers and regulators were as close to agreement as they are now regarding the desirability of practice parameters. In November 1989, Congress amended the Public Health Service Act to establish an Agency for Health Care Policy and Research (AHCPR). A unit of this agency, the Office of the Forum for Quality and Effectiveness in Health Care, is responsible for the development and periodic review and updating of clinically relevant guidelines. The AHCPR will operate this year on a $95 million budget, with about one-third earmarked for its initial primary project, developing three practice guidelines by 1991.

The American Medical Association (AMA) has met with the Academic Medical Center Consortium (AMCC) and the RAND Corporation regarding a cooperative project to develop appropriateness criteria and practice parameters. The AMA plans to conduct its activities on this project in collaboration with the AMA/Specialty Society Practice Parameters Partnership and the Forum. The AMA is deeply committed to the assurance of quality medical care, as evidenced by its active involvement in the development of practice parameters. State Society staff will participate in the forum developed by the AMA.

Practice parameters

Practice parameters are acceptable approaches to the prevention, diagnosis, treatment, and management of diseases or conditions. These are determined by the medical profession based on the best medical, scientific, and clinical evidence currently available. Practice parameters are designed *primarily* to aid physicians in clinical decision-making.

Practice parameters include *standards* which are irrefutable principles; *guidelines,* which identify a range of acceptable management schemes; or other *practice policies* or *options* for which there is controversy in the medical literature.

Effects and benefits

Interest in practice parameters as a guide for physicians in clinical decision making is rising. Parameters are viewe as a mechanism to minimize inappr priate cost and improve quality ar proper utilization of care. Numerous fe eral commissions and agencies are su porting the development of practice p rameters. The Institute of Medicine formulating guidelines for developme of practice parameters and the Ame can Association of Retired Persons evaluating the use of parameters in a suring appropriate utilization.

The subcommittee determined th the efforts of organized medicine mu continue in this very important are Since the first parameters were deve oped by a physician organization ov 50 years ago, more than 25 physician o ganizations have produced several hu dred parameters. Many of the existe parameters are used in quality assu ance, utilization review, and payme decisions. More than 35 physician orga izations are engaged in developing p rameters. In order to achieve the state objectives of practice parameters, org nized medicine must work cooperative with all key players to assure that in proving patient care continues to be th focus. Pennsylvania physicians can pla an active role in this commitment by e ucating their membership as the n tional efforts move forward. The su committee believes that the Societ should expedite this educational proces

While improving patient care is th primary goal, there are strong indic tions that the development and impl mentation of parameters will have ben fits in other areas, such as improved us of resources, reductions in liability exp sure, and improvement of review crit ria. The benefits of parameters in in proving quality, assuring appropriat utilization and controlling inappropria costs can be demonstrated by those p rameters developed by the America College of Cardiology (ACC) on indic tions for cardiac pacemakers.

During the 1960s and 1970s, indic tions for pacemakers were widely va ied. In 1984, cardiologists under the lea ership of the ACC develope scientifically sound, clincially releva parameters for pacemaker insertio These parameters received widespre acceptance by physicians and, in 198 were adopted for inclusion in Medica coverage policy and in reviews co ducted by Peer Review Organizatio (PROs) and Medicare carriers. The uti zation rates for pacemakers amon Medicare patients subsequently decline as a direct effect of this process. This e

This report was developed by the Subcommittee on Practice Parameters, chaired by John A. Burkholder, MD and comprised of Carl J. Forster, DO and James J. Houser, MD.

nple clearly demonstrates that parameters developed by physician organizations and incorporated into utilization view programs can be accepted by ysicians and promote appropriate utiation.

Reduction in liability exposure esents another benefit of parameters. r example, the American Society of nesthesiologists (ASA) developed idely accepted parameters for basic tra-operative monitoring. In 1987 the assachusetts Medical Malpractice Joint nderwriting Association (JUA) offered 20 percent premium discount for liabil- insurance to anesthesiologists who reed to follow the ASA parameters. nce implementing the program, the JA has recorded no hypoxic injury wsuits among anesthesiologists who llowed the parameters. The JUA edits the reduction in hypoxic injuries the ASA parameters. Additional reictions in premiums have been proded to Massachusetts anesthesiologists their risk classifications are lowered. milar benefits due to parameters ould occur in other clinical areas as ysician organizations expand their efrts to develop and implement parameers.

The use of review criteria (screens) in uality assurance programs, utilization view systems and coverage policies, kerts considerable influence on the actice of medicine. In many instances, view criteria are developed without dequate input from appropriate physian organizations and without estabhed practice parameters. As a result, veiw screens are seen which lack basis medical science or clinical expertise. he review process can also vary widely om region to region due to a lack of rm practice parameters. Clearly the niform application of accepted practice arameters could help to correct this seous problem.

Overall, guidelines for medical pracce come in many forms and have any uses. Some are detailed alorithms while others provide educaon, general advice and the like. All the rms have at least two things in comon:

- improved uniformity of quality paent care if appropriately researched nd reasoned.
- economic implications for patients, hysicians and society as a whole.

otential value

he potential uses of practice parameers are extensive. Practice parameters and review criteria established by appropriate physician organizations can provide the best foundation for the initial determination of appropriateness of care. Practice parameters can identify medical services for approval as well as those which require more critical review of efficacy. While deviation from practice parameters *standards* may be inappropriate in any situation, variation from *guidelines* should simply signal the need for further peer evaluation of appropriateness.

The potential exists for better specialty control of uniformity of teaching and patient care by participating in practice parameters development. More uniform dissemination of medical information may also ensue from the process of practice parameters development.

Potential pitfalls

Organized medicine in Pennsylvania must recognize the potential pitfalls of practice parameters and explain them on a continuing basis to physicians and the public, using all appropriate channels. Some of the potential problems are listed below.

- *Guidelines* and *options* may be moved to the *standard* category by outside forces.
- Deviations from practice parameters could be construed as per se evidence of negligence and result in civil or criminal action.
- The potential application of practice parameters will be highly variable, depending on specialty, diagnosis and patient co-morbidities.
- Creation of practice parameters will be costly, adding to overhead expense of medical care.
- Inconsistent application of practice parameters may produce difficult inequities.
- Compliance with practice parameters may imply adequacy of training for a particular procedure and may undermine training programs for specialty certification.
- Practice parameters may tend to stifle the development of new and radically different, though potentially valuable, forms of treatment.

Diagnoses/procedures

The subcommittee agrees with the RAND technique for decision making that has been chosen as the process for identification of procedures for practice parameters development. RAND identified six of these procedures (three surgical and three diagnostic) for appropriateness criteria development (e.g., coronary angiography, coronary artery bypass surgery, carotid endarterectomy, upper gastrointestinal endoscopy, colonoscopy, and cholecystectomy). Procedures currently under consideration for appropriateness criteria development in the RAND/AMCC project include: angioplasty, bronchoscopy, carotid endarterectomy, colonoscopy/sigmoidoscopy, coronary angiography, coronary artery bypass surgery, CT of the head, electrocardiogram, femoropoliteal bypass graft, Hickman catheter replacement, hip surgery, hysterectomy, laminectomy, prostatectomy, resection of aortic aneurysm, and ultrasound of the abdomen.

Several factors have been considered to be prerequisite for identification and selection of procedures or conditions for practice parameter development:

- frequency of occurrence of the condition, or the use of the procedure;
- expenditures associated with use of the procedure;
- the extent of research and clinical evidence available regarding the outcomes associated with the use of relevant procedures.

Supportive material

The Society should recommend to the AMA that the public health sector be working simultaneously to guide the nation in the following areas by creation of public health policy parameters:

- infant mortality
- trauma (including motor vehicle) mortality
- substance abuse mortality and morbidity
- environmental health issues

Conclusions

The subcommittee believes that the rising pressure to reduce health care costs has caused acrimonious debate among all parties involved in health care today.

Federal and state governments, insurance carriers and benefit managers evaluate the utilization and quality of health care in a duplicative and, therefore, wasteful fashion. Purchasers accuse third party payors of not insuring that health care money is being wisely spent. Third party payors blame physicians for providing unnecessary services while physicians believe that they are doing a good job. Parameters for practice are an attempt to reduce these problems. This is a prime opportunity for organized medicine in Pennsylvania to take a leadership role in preparing its membership for the future.

TRANSFORMING

AIDSPEAK

INTO AIDSENSE

BENEFITS OF ANTIRETROVIRAL THERAPY

George J. Pazin, MD

Understanding of both the benefits and limitations of antiviral therapy by persons infected with the AIDS virus is very important. Therefore, this installment in this series is being written in a somewhat simplistic manner to provide the information in a way that we hope can be understood by patients as well as their physicians.

So far there has been one major breakthrough with respect to the AIDS epidemic: the discovery of the underlying cause, the AIDS virus, human immunodeficiency virus, HIV (formerly known as LAV, HTLV-III and ARV). The discovery of the virus has, in turn, led to two other major developments: First, development of blood tests to detect subclinical or confirm symptomatic infection with HIV; and second, discovery and demonstration of partially effective and beneficial drug treatment directed at inhibiting replication of HIV.

Antiretroviral therapy

The AIDS virus, HIV, is a retrovirus. This means that it is a RNA virus which contains its own special chemical—enzyme reverse transcriptase—which makes DNA off its RNA. The DNA becomes incorporated into the cellular DNA (genetic material) and subsequently redirects the infected cell to manufacture HIV rather than the other materials the cell needs to survive and function.

Experience with antiviral therapy of herpes virus infections over the past two decades had suggested that teatmen with chemicals which are similar to (ana logues of) the building blocks of DN (nucleotides-adenine or thymidine de oxyribose) might be useful treatment. In terestingly, the drug azidothymidine synthesized in 1964 as an anti-cance drug but not very effective, was found t be a potent inhibitor of revers transcriptase, and in turn, an inhibitor c replication (reproduction) of HIV.

A preliminary clinical study of a sma number of persons infected with th AIDS virus showed some promising e fects. In short order, this led to a rela tively large, multi-centered clinical tria In 1986, there was enough azidothym dine, abbreviated AZT, to treat approx mately 140 infected persons at a tim when there were approximately 7,00 AIDS suffers. A wise decision was mad to treat 280 persons infected with th AIDS virus who had an intermediat prognosis. The sickest patients were ex cluded because they might be too ill t benefit from the medication. Conversely the least sick patients were excluded be cause it would take too long for them t show any beneficial effect. Patients wer randomly assigned to treatment wit 250 mg AZT every four hours or a look alike placebo every four hours. Th study design also provided for an inde pendent group of scientists to review th results at six, nine, and 12 month inter vals.

When the six-month analysis wa done, the AZT treatment group was d ing much better, with no deaths com pared to 10 in the placebo-treated grou Statistically, there was greater than on chance in 20 that this could have hap pened by chance, so the study was con tinued. However, the promising earl results prompted the reviewers to re evaluate the results again five week later instead of waiting three months.

The second analysis revealed on death in the AZT treatment group an six additional deaths in the placeb group. The total difference of one deat in the AZT group versus 16 in the pla cebo group was statistically significant The comparison of the AZT treatmen against the placebo group was discontin ued and all participants were given AZ For a while, persons formerly in the pla cebo group continued to have exces

Dr. Pazin is an infectious disease specialist and associate professor of medicine at the University of Pittsburgh School of Medicine.

ortality because it takes six–eight eeks for the beneficial effects of AZT to egin.

Thus, AZT was shown to have a ther remarkable beneficial effect. verall mortality at one year was reced from an expected 50 percent to proximately 10 percent. The results of e multi-centered, placebo-controlled al were published officially in the July , 1987 issue of the *New England Journal of Medicine.*

AZT became available on a compassonate release basis in the spring of 987 and similar, but slightly less dramatic, results were observed in the compassionate release patients, who were often more sick.

Although AZT had a beneficial overall fect, as expected it had some significant side effects. It caused anemia and eutropenia (low white cell counts) in gnificant numbers of treated patients, d nausea, vomiting, myalgias, (muscle hes) and insomnia occurred more often in AZT treated patients. Nevertheless, beneficial effects exceeded toxic side-effects and AZT was licensed and marketed in mid-1987. A large government sponsored study subsequently showed that the dosage of AZT could be reduced after four weeks to 100 mg every four hours with a reduction in toxicity without loosing efficacy.

AZT became the new standard against which other antiretroviral therapies were compared. For example, instead of ddI being compared to a placebo, it is being compared to AZT. Finally, in mid-1988, it was recognized that the initials AZT were the official international initials for azathioprine or Immuran, an immunosuppressant, and the generic name of azidothymidine was changed to zidovudine or ZDV. The trade name Retrovir was continued.

Early intervention therapy

In 1987, shortly after the initial multicentered, placebo-controlled trial of zidovudine (ZDV) was completed, the government-sponsored AIDS Clinical Trial Group (ACTG) program began two major clinical trials to determine whether ZDV would be beneficial for AIDS virus-infected persons in the earlier stages of infection. The study, involving mildly symptomatic, HIV-infected persons, was designated as ACTG protocol 016 and the study involving asymptomatic HIV-infected persons was designated as ACTG protocol 019.

Since it was not known whether ZDV (formerly AZT) would be beneficial in earlier stages of HIV infection, it was necessary to conduct these studies as comparisons against placebo treatments. However, to find answers as quickly as possible, these studies were very large and employed the usual safeguard of periodic review for clinical benefits or excessive toxicity by an independent drug safety monitoring board.

In August 1989, both the general public and the medical community were

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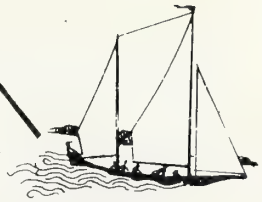

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told that the "early intervention" studies had shown that administration of zidovudine reduced progression to later stage disease manifestations and AIDS for both patients with early symptoms of HIV infection as well as those with asymptomatic infections.

The results were quite impressive for persons who had 200–500 CD4 "helper" lymphocytes on enrollment. Only 11 of 260 mildly symptomatic persons on zidovudine 200 mg orally every four hours progressed to more serious stages of infection, compared to 34 of 253 persons on placebo therapy. The results were equally dramatic in the asymptomatic, HIV-infected persons with 200–500 CD4 cells. Only 19 of 457, and 17 of 453 persons receiving 300 or 100 mg zidovudine five times a day respectively progressed, whereas 38 of 428 persons receiving placebo therapy progressed.

Not only did treatment significantly reduce the disease progression, but low dosage therapy was equally as effective as higher dosage therapy, and the low dosage regimen was significantly less likely to cause side effects. Over 12 percent of the high dosage group developed anemia and/or decreased white blood cell counts compared to 3 percent on low dosage therapy and 2 percent on placebo. Thus, "early intervention" with low dosage zidovudine decreased progression to more serious stages of infection, with reduced toxicity compared to high dosage therapy. The results suggest that early intervention with zidovudine delays progression to clinical endpoints and AIDS approximately 5.5–7.0 months.

The best result had occurred, but the exact best time to institute early intervention was still not certain. A panel of experts convened to review the results and provide guidelines "strongly recommended" that zidovudine treatment be started in asymptomatic, HIV-infected persons as soon as the CD4 count falls below 500. However, some well-informed infectious disease clinicians, myself included, have different opinions as to the optimal time period to begin zidovudine therapy.

In my opinion, several factors should be considered before deciding to begin early intervention therapy. First, it should be noted that because it generally takes six to eight weeks for zidovudine therapy to take effect, it should not be delayed too long. Fortunately, however, HIV infection does not usually progress rapidly, so startup effect time is not a concern. The second consideration is to determine when opportunistic infections are likely to occur. In general, opportunistic infections develop when the CD4 count is less than 200. Kaposi's sarcoma sometimes occurs at higher CD4 levels, but ZDV may not have much effect on it anyway. The third consideration is to remember that we are generally "buying" about seven month's delay in progression. The question is, "When is it best to get the delay?" My feeling is that it is best to use zidovudine when it is needed, i.e. as the CD4 cells decline to more critical levels.

Up to now, we have been concerned about the benefits from early intervention therapy. But we must always consider the undesirable effects of treatment. The short term side effects of low-dosage zidovudine are relatively infrequent and are generally tolerable, but it may be slightly advantageous to delay their onset. Perhaps more importantly, there is at least one recognized side effect of long term zidovudine therapy—development of myopathy—which may preclude using the medication until later in the course when most needed. Other delayed side effects may yet be recognized.

We should also recognize the negative psychological side effects which develop when seemingly healthy people must take a medicine every four hours while awake. Sociologically, starting on zidovudine may also result in a loss in anonymity. Finally, zidovudine is not inexpensive and the monetary cost may be significant.

In addition to weighing the personal benefits and limitations of early intervention treatment, we must consider that the benefits of zidovudine seem to diminish with time. In effect, the HIV-infected person seems to become clinically resistant to the beneficial effects of the medication. There is growing concern that the AIDS virus, HIV, may become resistant to the effects of zidovudine with time. Although alternative drugs may become available, we should be mindful of the potential long term consequences of virological resistance.

Taking all these considerations into account, I suggest that early intervention treatment with zidovudine be delayed until the CD4 count is consistently below 300 in the asymptomatic, HIV-infected person. If the patient is troubled with signs or symptoms suggestive of immunodeficiency, e.g. thrush, severe seborrheic dermatitis, hairly leukoplakia, severe herpes zoster, etc., I may be inclined to intervene at CD4 counts in the 300–500 range.

Summation

Treatment directed at reducing replication of the AIDS virus, HIV, with an inhibitor of reverse transcriptase, a special enzyme contained within the AIDS virus, has produced significant beneficial effects in persons with AIDS, and has been shown to delay progression of disease development in mildly symptomatic or asymptomatic HIV-infected persons. We continue to learn how to use this medication optimally to maximize the beneficial effects and minimize the toxic side-effects.

While there tends to be less AIDSpeak as we deal with AIDS information pertaining to treatment, a few examples should be cited and transformed into AIDSense:

AIDSpeak: Treatments have changed HIV-infection into a chronic disease.

AIDSense: The course of HIV-infection is generally slow, and "early intervention" treatment with zidovudine and ongoing antiretroviral therapy once AIDS has developed promise to further slow the process. Improvements in treatment of opportunistic infections and tumors promise reduced morbidity as well as reduced mortality. Unfortunately, however, treatments have not changed HIV infection into a chronic disorder.

AIDSpeak: Zidovudine is a highly toxic medication.

AIDSense: Considering how difficult it is to selectively impair viral replication without unduly damaging cells, it is surprising that zidovudine has as favorable a therapeutic:toxic ratio as it has. Fortunately, therapy with lower dosages of zidovudine seems to be equally efficaceous and substantially less toxic.

AIDSpeak: I am confident that AIDS will become a manageable infection before the end of the nineties.

AIDSense: We should strive to improve therapies for HIV-infection, but we should realize that a treatment is not beneficial until it has been shown to be beneficial in carefully designed and executed clinical trials. Progress will continue, but we should not latch on to every unsubstantiated claim.

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PRACTICE MANAGEMENT

YOUR OFFICE MANAGER: NEW KEY TO SUCCESS

The Health Care Group

As the nature of private practice has changed over the past 10–15 years, the demands on office staff have evolved too. Most notable is the development of the office manager's role. Where the manager's position was once a convenience or even an after-thought for many practices, the position now is essential. In fact, it is often key to the growth and success of a medical practice.

Each practice should carefully evaluate the specific role played by its office manager. This includes self-assessment by both the doctor and the manager: Is the doctor's vision of the manager's job and abilities current, accurate, and in line with the practice's needs? Is the manager doing everything possible to enhance the practice, and to demonstrate her full capabilities?

What was, what is

When the average practice was solo or a very small group, the manager focused closely on the day-to-day details of the practice's operation. Closely overseeing the reception, scheduling, and billing functions, she probably was primarily responsible for at least one of these. In addition, the manager functioned as a "superaide," handling bookkeeping, often coordinating doctors' personal schedules, and serving as the backup for any other staffer.

Most managers had little true management responsibility or authority, except, perhaps, for tasks the doctor did not like to handle. Quite frequently, the manager's title simply was given to the most senior employee, without regard to management ability—and often without extra compensation.

Today there are fewer solo practices. Many solos are recruiting for associates or are merging with other practices. Small groups are getting larger and more complex. They are adding subspecialists, developing satellite offices, and acquiring costly and sophisticated equipment for in-office procedures. This growth means more complicated scheduling, billing, and referral routines, as well as a need for practice marketing.

The financial requirements of practice management today are quite daunting: controlling overhead; analyzing the effects of RBRVS and other reimbursement changes; evaluating HMO relationships; managing cash-flow; and arranging financing for new equipment and facility expansion.

In addition, the challenge of personnel management has grown significantly. More complex practices require more experienced and better-trained employees. Yet the available pool of these employees is shrinking, and the cost for keeping these employees is steadily increasing.

Office managers must therefore do a better job of finding strong new employees, getting the most from current employees, and developing methods—not simply financial in nature—to retain the best and most experienced. There are also broader legal implications of decisions on hiring, firing, or promoting personnel. These implications require an office manager to establish and oversee an array of paperwork routines, including: regular updating of personnel manuals; meticulous recording of performance evaluations, salary decisions, and disciplinary actions; and appropriate notifications for health care and retirement benefit programs.

This new environment and these more rigorous responsibilities place a greater burden on the office manager. To handle that burden well, today's manager must have greater skills—administrative, financial, promotional—and must employ a new approach to job responsibilities.

Changing mindset

Perhaps the most important shift that must be made is in the perception of what the manager could or should be doing. The doctor must come to expect a broader and higher level of manage-

The contributing authors are Dorothy Sweeney, vice president, and Julie Alderfer, management consultant, with The Health Care Group, Inc., Plymouth Meeting.

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GRAND ROUNDS WEDNESDAYS

Department of Medicine

8:30 a.m.–9:30 a.m. October–December 1990

OCTOBER 1990

October 10, 1990
CHANGING PATTERN OF AIDS AND THE LUNGS
Philip C. Hopewell, MD
Professor of Medicine
University of California, SF
Chief, Chest Service, San Francisco General Hospital, CA

October 17, 1990
DIVISION OF CARDIOLOGY CLINICAL RESEARCH: CARDIAC IMAGING
Eric L. Michelson, MD
Professor of Medicine
Director, Division of Cardiology
Hahnemann University

October 24, 1990
CARDIAC REMODELING: CLINICAL IMPLICATIONS AND THERAPEUTIC OPTIONS
Gervasio A. Lamas, MD
Assistant Professor of Medicine
Harvard Medical School
Boston, MA

October 31, 1990
DIABETIC NEPHROPATHY
Eli A. Friedman, MD
Professor of Medicine
Chief, Division of Renal Disease
SUNY Health Science at Brooklyn, NY

NOVEMBER 1990

November 7, 1990
STEROID ABUSE IN THE ATHLETE
Robert Cantu, MD
Chairman, Dept. of Surgery
Chief Neurosurgery Service
Director, Service of Sports Medicine
Emerson Hospital
Concord, MA
Consultant, Sports Medicine comm.
USA Boxing Federation

November 14, 1990
CONTROVERSIES IN NON-CARDIAC CHEST PAIN (Gastro-Esophageal Reflux, Achalasia)
Sidney Cohen, MD
Professor and Chairman, Department of Medicine
Temple University School of Medicine
Philadelphia, PA

November 21, 1990
AGING OF SKIN
Richard L. Speilvogel, MD
Professor of Medicine and Dermatology
Director, Division of Dermatology
Hahnemann University

November 28, 1990
MEDICAL MANAGEMENT OF DEPRESSION AND ANXIETY
Gary Tollefson, MD, PhD
Associate Professor of Psychiatry
University of Minnesota, MN
Jonathan O. Cole, MD
Chief, Psychopharmacology Program
McLean Hospital, Belmont, MA

DECEMBER 1990

December 5, 1990
PTCA VS BYPASS GRAFT SURGERY FOR CORONARY ARTERY DISEASE
William S. Frankl, MD
Vischer Professor of Medicine and
Chairman, Department of Medicine
Director, Likoff Cardiovascular Institute
Hahnemann University

December 12, 1990
ABNORMALITIES OF THROMBOSIS AND THROMBOEMBOLISM
Daniel Deykin, MD
Chief of Medicine, Director, Health Services
Research and Development, Boston
University School of Medicine
Boston VA Medical Center, MA

December 19, 1990
DIVISION OF PULMONARY MEDICINE AND CRITICAL CARE
Edward Schulman, MD
Associate Professor of Medicine
Director, Division of Pulmonary and Critical Care Medicine
Hahnemann University

WEDNESDAY MEDICAL SEMINAR SERIES

8:30 a.m.–3:30 p.m.

October 10, 1990
AIDS TREATMENT

November 7, 1990
MEDICINE IN ATHLETICS

November 28, 1990
MEDICAL MANAGEMENT OF DEPRESSION AND ANXIETY

December 12, 1990
ABNORMALITIES OF THROMBOSIS AND THROMBOEMBOLISM

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rial activities; the manager must think creatively and act proactively—anticipating the practice's needs and acting before required by circumstances. In the past, it was appropriate for the manager to ask, "What does the doctor want me to work on?" Now, though, that person should be taking the initiative, identifying necessary activities, and setting a broad agenda to bring to the doctor for approval. The manager should focus as much on the middle and long term as on the day-to-day activities; must demonstrate an ability to think through problems to potential solutions; and should communicate goals and ideas clearly to both physicians and staff.

To accomplish these goals, the manager should be encouraged to continue learning about management, marketing, finances, and medical practice generally. A practice should make it easy for its manager to purchase handbooks and tapes, attend seminars, and join and participate in professional organizations (such as the Professional Association of Health Care Office Managers or the Medical Group Management Association).*

A manager should also be allowed sufficient "thinking time" to effectively and creatively evaluate and plan for the practice's needs and goals. The doctor should not expect to see the manager constantly busy; in fact, that is often a mark of a poor manager. Careful decision-making and planning requires thought. Moreover, successful office routines and policies, developed by the manager, will make practice management look smooth and easy.

Removing assumptions

As part of a changed mindset, both the doctor and manager need to guard against out-moded perceptions and assumptions regarding the manager's role. These can originate in several places. For example, the manager must be careful to avoid "reverse delegation"—keeping lower level responsibilities simply because they have traditionally been that way. These may include opening the mail or making bank deposits. In general, tasks should always be delegated to the lowest level person who can perform them effectively. Nor should the manager allow the staff to seek constant direction and explanation. The manager should teach the staff how to handle each aspect of a delegated task, and encourage them to become the practice's "experts" in their areas of responsibility.

The doctor should not assume that the bookkeeper promoted to manager necessarily possesses sophisticated financial planning and analysis skills. Conversely, one should not assume the manager cannot handle a new responsibility simply because she has never been asked to do so before; she may have considerable untapped talents. The keys here are consistent communication between doctor and manager, and the doctor's stated objective of developing the manager to the highest level of competence.

Developing the manager's role can be somewhat ego-threatening to physicians within a practice, whether partners or associates. They will be developing a subordinate to assume much of the authority previously reserved for them. But the doctors need to recognize that an effective manager will relieve them of unnecessary responsibilities, and give them more time to practice medicine or focus on long-term practice growth. An important part of the development process must be the opportunity for daily communication with physicians. And as frequently as possible, office managers should be included in inter-doctor business meetings. They should have the opportunity to participate at the practice's strategic decision-making level. The side-benefit for doctors is that the manager can then help implement the decisions reached, fully aware of the considerations involved.

Finally, the staff can harbor out-moded perceptions of the manager's role. Whether consciously held or not, these can undermine the manager's effectiveness as a supervisor, and limit the practice's ability to grow and adapt. For example, a staff which sees the manager as just another employee will be reluctant to follow directions or to accept difficult decisions. They may tend to "end-run" the manager and bring issues directly to the doctor. The doctor must support the manager's authority, and work to change the staff's perception.

New tasks

With the development of their role, managers are taking on a fascinating array of new responsibilities. Here are a few examples:

- *Working with HMOs:* managers are becoming more involved in making HMO relationships work more efficiently and profitably for their doctors. They are analyzing fee schedules, capitation rates and co-pays, compared to actual costs and charges; they are reviewing patient demographics and utilization patterns; and they are getting involved in negotiating the actual agreements between practice and HMO, using their knowledge to cut better deals.
- *Investigating new office sites and services:* managers are doing the preliminary work—such as demographic and competitive analysis—that allows the doctors to decide on new office sites. They are also analyzing the practice's patient composition and referral patterns, to determine if there is value in expanding existing services to a different patient group, or developing new services for current patients.
- *Marketing:* managers are developing patient education materials, press releases, and practice brochures and newsletters to communicate with current and potential patients. They are initiating better communication with a practice's referrers, and they are analyzing scheduling, waiting room, and recall procedures, to be sure the practice is handling patients as efficiently and conscientiously as possible.

New role, new criteria

As the medical practice environment changes, the need for capable and creative practice office managers becomes apparent. No longer can a doctor be satisfied with the old-fashioned model of office manager. The doctor must take responsibility for appointing and developing a manager that serves the practice's multifaceted needs. When the time comes for evaluating that manager's effectiveness, that process should be multifaceted as well. The practice's overall smooth operation is the most significant matter. But also important are the specific, new characteristics a good manager must possess: strategic and financial planning abilities, individual initiative, personnel management skills, communications skills, and a desire for professional development.

**Professional Association of Health Care Office Managers (PAHCOM), 10377 McArthur Lane, Pensacola, FL 32514, (800)451-9311; Medical Group Management Association (MGMA), 1355 S. Colorado Blvd., #900, Denver, CO 80222, (303)753-1111.*

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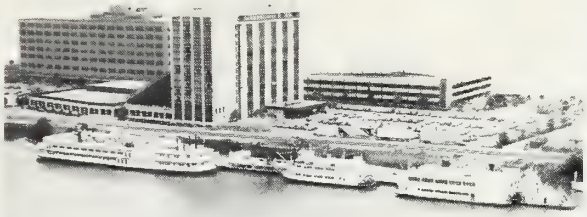

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CORRESPONDENCE

Debunking Myths in Indigent Health Care

William H. Mahood, MD

I am distressed by repeated false statements and, as the *Philadelphia Inquirer* editorial of July 28 called them, fear mongering distortions about health care. They include "patients without medical insurance often can't even get on the list" and ". . .health care coverage (is a) situation in which one out of every eight Americans is left out."

These simply are not true. The fact that a person has no health insurance, (and many *choose* not to), does not mean *ipso facto* they do not receive care. If that were true, it should be a daily banner front page headline.

The insurance industry has done a marvelous job of advertising. We now believe that without insurance we cannot get medical care, drive a car, buy a home, or even die. Well, there are still a number of people who disagree and feel that they cannot afford to feed that cash cow. Some sensibly save for a "rainy day," (self-insure); others regrettably are less responsible and "take a chance" or count on good health, particularly the young. When adversity occurs they get medical care! They may not seek it as often or quickly as someone who knows they do not have to pay the bill, (why is the volume of services going up too fast?), and they may have to access it through a clinic, or less desirable, through an emergency room, but they get quality medical care. Of course, exceptions can be noted, but please, not "one in eight."

Secretary Sullivan deserves praise for trying to end another popular myth—"high infant mortality is evidence of a poor medical system." The longer we ignore the multiple tragic social factors contributing to that problem and simply try to blame the medical profession, the longer children will die needlessly.

As a captain in the Air Force, I witnessed a form of government medicine and those with experience in the VA system can also comment. If you think access and quality are problems now, you have no idea what is in store with national health insurance.

Dr. Mahood, a gastroenterologist from Flourtown, is chairman of the State Society's Council on Medical Economics.

Lawyer Discipline System Criticized as Faulty

Paul G. Bizzle, DO

My personal experience with the system of discipline for lawyers and judges is that the disciplinary board procedures are designed primarily to protect the lawyer and have very little to do with protecting the public.

A rather unreliable attorney represented me approximately two to three years ago in a civil action regarding property that I had commonly owned with another individual. This attorney failed on several occasions to file various papers and motions when due with the court, resulting in a $500 fine being levied against me. I had completed my portion of this action approximately one month prior to the due date, but in spite of this and repeated calls to his office to make sure that this was done, he did not accomplish what he was paid to do.

This same attorney initially filed the action in the wrong jurisdiction, despite the fact that I had specifically asked him about this prior to his filing. This resulted in the initial case being dismissed. It also accomplished greater fees for him, of course, since I was billed for each and every telephone call, each and every trip to the court house, each filing of papers as well as his "legal research." The final parting of our ways came after I contacted his office two to three times per week over a five-and-a-half month period, only to never have a telephone call returned or a letter answered (even the certified letters).

In disgust I dismissed this attorney. I subsequently contacted the disciplinary board of the Supreme Court of Pennsylvania, in hopes that they might assist me in protecting the public from this attorney acting similarly with other clients in the future. They repeatedly advised me as to the confidentiality of their investigative procedures and also informed me of the actions that might be taken against me should I make it public knowledge as to this attorney's conduct. For this reason I cannot mention his name in this correspondence, as I do not want to be subject to a fine or potential imprisonment for the commission of the first degree misdemeanor of divulging such information.

After several months of correspondence back and forth, the disciplinary board informed me that they had found absolutely no breech of conduct or any evidence of "misconduct" on the part of this attorney.

I can assure you that if I did not return one of my patient's constant phone calls or letters for more than five months, I would, of course, be subject to legal proceedings which could be instituted against me for monetary reward in the form of a malpractice lawsuit.

It is my feeling, and I am sure that of many other physicians, that the lawyers of this state should be held to higher standards than they presently have to adhere to. It is time that disciplining of these "professionals" become more accountable to the public. If, indeed, the Pennsylvania Disciplinary Board system acts as a "model system widely followed by other states," (as stated in the article by Kym Liebler, staff writer for the Pennsylvania Bar Association, in the July issue of this publication) this country is in serious trouble. It is time that lawyers in this and other states become accountable to the public for their actions in misrepresenting their clients and failing to take appropriate actions in a timely manner, as would be necessary for any other professional.

It is unfortunate that attorneys are not regulated by government appointed boards or commissions; but in fact, the legal profession is "self-governing." I find it hard to believe that they can be objective in disciplining their fellow attorney and feel that the statistics speak for

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emselves. I would urge other physi-
ıns to make their patients aware of the
equities in disciplining and governing
orneys which exist in this state. Per-
ps public pressure may change this
rrupt system.

: Bizzle practices orthopaedic surgery Bloomsburg.

ITTLE-KNOWN METHODS FFECTIVE ON STRESS

rnold H. Gessel, MD

spite of current intense interest in
ess diseases and mind/body relations,
e pioneer contributions made by Ed-
ınd Jacobson at the beginning of the
entieth century to relaxation methods
d psychosomatic theory remain ob-
ıre, due largely to his intellectual pre-
city and the subtlety and complexity
an apparently simple idea. Therefore,
tients with functional illnesses continue to be treated mainly by medications which suppress the nervous system, rather than being presented with the opportunity to learn the nature of their destructive response patterns and methods to eliminate them.

Dr. Jacobson was a mentor and friend of mine from 1965 until his death in 1983. At the University of Pennsylvania Dental School, I investigated the interactions of mind and muscle in TMJ patients. In the private practice of psychosomatic medicine, I have gathered experience using Jacobsonian relaxation in the treatment of a variety of stress and tension illnesses.

Jacobsonian relaxation is founded on techniques of classic introspection and the science of the psychophysiology of the human motor system. These elements combine to provide a uniquely effective and efficient holistic treatment approach to stress and psychosomatic disease.

Dr. Gessel practices psychosomatic medicine at the Delaware County Medical Center, Broomall. He is the author of a biography of Dr. Jacobson which was published in the International Journal of Psychosomatics, *and in his newsletter on Jacobsonian relaxation.*

CORRECTION SOUGHT FOR PENN CHAIR FUNDING

Loretta J. Giuffra, MD

Concerning the University of Pennsylvania School of Medicine's establishing a professorship in the memory of William J. Erdman, II, MD, your article did not note the fact that Dr. Erdman himself donated $2 million for the Department Chair.

No mention is made of this in the articles I have read. In fact, they almost imply that the Department Chair is funded by the University of Pennsylvania School of Medicine. As one in knowledge of the actual truth, I would like to see a correction about this matter.

Dr. Giuffra practices in Camden, NJ.

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Indication: Lower respiratory infections, including pneumonia, caused by *Streptococcus pneumoniae, Haemophilus influenzae,* and *Streptococcus pyogenes* (group A β-hemolytic streptococci).
Contraindication: Known allergy to cephalosporins.
Warnings: CECLOR SHOULD BE ADMINISTERED CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. PENICILLINS AND CEPHALOSPORINS SHOW PARTIAL CROSS-ALLERGENICITY. POSSIBLE REACTIONS INCLUDE ANAPHYLAXIS.

Administer cautiously to allergic patients.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-associated diarrhea. Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis.

Precautions:
• Discontinue Ceclor in the event of allergic reactions to it.
• Prolonged use may result in overgrowth of non-susceptible organisms.
• Positive direct Coombs' tests have been reported during treatment with cephalosporins.
• Ceclor should be administered with caution in the presence of markedly impaired renal function. Although dosage adjustments in moderate to severe renal impairment are usually not required, careful clinical observation and laboratory studies should be made.
• Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
• Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor penetrates mother's milk. Exercise caution in prescribing for these patients.

Adverse Reactions: (percentage of patients)

Therapy-related adverse reactions are uncommon. Those reported include:
• Hypersensitivity reactions have been reported in about 1.5% of patients and include morbilliform eruptions (1 in 100). Pruritus, urticaria, and positive Coombs' tests each occur in less than 1 in 200 patients. Cases of **serum-sickness-like** reactions have been reported with the use of Ceclor. These are characterized by findings of erythema multiforme, rashes, and other skin manifestations accompanied by arthritis/arthralgia, with or without fever, and differ from classic serum sickness in that there is infrequently associated lymphadenopathy and proteinuria, no circulating immune complexes, and no evidence to date of sequelae of the reaction. While further investigation is ongoing, **serum-sickness-like** reactions appear to be due to hypersensitivity and more often occur during or following a second (or subsequent) course of therapy with Ceclor. Such reactions have been reported more frequently in children than in adults with an overall occurrence ranging from 1 in 200 (0.5%) in one focused trial to 2 in 8,346 (0.024%) in overall clinical trials (with an incidence in children in clinical trials of 0.055%) to 1 in 38,000 (0.003%) in spontaneous event reports. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy; occasionally these reactions have resulted in hospitalization, usually of short duration (median hospitalization = two to three days, based on postmarketing surveillance studies). In those requiring hospitalization, the symptoms have ranged from mild to severe at the time of admission with more of the severe reactions occurring in children. Antihistamines and glucocorticoids appear to enhance resolution of the signs and symptoms. No serious sequelae have been reported.
• Stevens-Johnson syndrome, toxic epidermal necrolysis, and anaphylaxis have been reported rarely. Anaphylaxis may be more common in patients with a history of penicillin allergy.
• Gastrointestinal (mostly diarrhea): 2.5%
• Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
• As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely.
• Rarely, reversible hyperactivity, nervousness, insomnia, confusion, hypertonia, dizziness, and somnolence have been reported.
• Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1% and, rarely, thrombocytopenia and reversible interstitial nephritis.

Abnormalities in laboratory results of uncertain etiology.
• Slight elevations in hepatic enzymes.
• Transient lymphocytosis, leukopenia, and, rarely, hemolytic anemia and reversible neutropenia.
• Rare reports of increased prothrombin time with or without clinical bleeding in patients receiving Ceclor and Coumadin concomitantly.
• Abnormal urinalysis; elevations in BUN or serum creatinine.
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IN MY OPINION

REGRESSION TO THE MEAN IN MEDICINE

Michael Karpf, MD

The widespread emergence of systems which monitor and influence medical practice makes it essential for physicians to recognize the importance of these processes and to be involved actively in the establishment and evaluation of criteria employed. Standards of practice criteria are presently being developed for medicine under the rubric of utilization review (UR) and quality assurance (QA) programs. The primary goal of these programs, which are at the heart of managed health care systems, is to control resource consumption. By establishing baseline criteria and then monitoring the medical care provided, these programs will eventually influence physicians towards a regression to a mean that, hopefully, will represent optimal management of a given patient. The concept of regression to the mean suggests that when human behavior is measured, individuals will alter their conduct to approximate what they view as the standard.

Central to almost all attempts at cost containment via managed health care systems is the fundamental belief that at some point increased expenditures on medical care no longer improve outcome (Figure 1). That is, a similar outcome can be obtained in certain circumstances with relatively stringent resource utilization (point A) or with excessive resources (point B). There is also an implication that excessive use of medical resources might be detrimental; too aggressive, too invasive care might lead to a poor outcome, possibly from iatrogenesis (point C).

The central role of UR/QA review is to keep allocation of resources at the minimal level consistent with optimal care. Theoretically, a good utilization review program would pressure the health care system from the right on the graph toward point A by not allowing excess utilization of resources. Optimally, the function of quality assurance is to make sure that the best care available is provided and that economic or other factors do not impair this. Therefore, QA programs should push the system towards point A from the left and ensure that the system does not allow financial concerns to impede outcomes. In theory, this dynamic struggle between the forces of utilization review and quality assurance should energize the system to provide optimal, and economically reasonable, health care. If the UR components overpower the QA components, medical care will suffer.

UR/QA review processes have become central to the cost saving efforts of managed health plans such as HMOs and PPOs. Organized health programs spend considerable effort and resources on generating data describing and influencing the utilization patterns of the group as well as individual practitioners within the group. Recently, traditional indemnity insurance carriers have become interested in utilization review and quality assurance as cost-saving mechanisms. This interest in managed health care by traditional carriers has spawned a new industry of fourth party auditors. These companies impose criteria-based medicine on practitioners taking care of traditional insurance patients by using precertification review, second surgical opinion, and concurrent hospital review as well as case management programs.

A report by Feldstein and colleagues[1] purporting to document the efficacy of utilization review can only heighten the interest of employers who pay for health care and indemnity insurance carriers in these techniques. This study suggested that applying managed health care techniques to a traditional insurance program could reduce admissions by 12.3 percent, inpatient days by 8.0 percent, and hospital expenditures by 11.9 percent. The authors acknowledge that their study did not address the effects of the review process on health outcomes and patient satisfaction, nor did it determine whether any cost shifting occurred. Conceivably, this type of study could result in a rapidly increasing pro-

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portion of individuals covered by indemnity insurance being subject to such reviews. Consequently, all physicians, regardless of whether or not they are participants in an HMO/PPO or other organized programs, are going to function under criteria-based review for a significant portion of their medical practice.

The establishment and implementation of criteria also allows documentation of compliance of physicians with these criteria and the variation in practice patterns. Numbers, facts, and figures will be strong, almost insurmountable, forces that will force physicians into practice patterns that demonstrate less variance. When practice patterns become public, there can be very little doubt that the subsequent practice patterns of physicians will be affected.

Even more significantly, this goal of documenting physician practice patterns, until recently a technique employed only by certain HMOs, has now become a public agenda. Pennsylvania's Health Care Cost Containment Council obtains and disseminates information on the practice patterns of hospitals, groups of providers, and even individual practitioners. This information includes data on health care costs and outcomes. Specifically, the Council keeps track of all total hospital charges and actual payments hospitals receive as well as total physician charges and actual payments physicians receive. The Council has developed a system to document "discharge status of patients" as well as "provider service effectiveness" in order to assess quality. Information is gathered on mortality rates, infection rates, morbidity rates, admission rates, and other measures of quality. This information is collated in such a way as to reflect on individual practitioners as well as groups and institutions such as hospitals. The state has begun to make these data public in order to help individuals become "prudent consumers" of health care. In order to comply with the request for data by the state, hospitals have been forced to adopt a uniform data base system. In the future, individual physicians may also be required to adopt this type of system to supply the state with information that it requests. Given this precedent, other states may soon implement similar legislation.

The State Health Department has informed the Statewide Health Coordinating Council (SHCC) that quality issues are the center focus in evaluating certificate of need applications. The SHCC will have to develop such criteria since they presently do not exist.

The use of criteria and physician accountability represent, in principle, a logical approach to cost containment and should not be the issue. The two critical issues, however, are: (1) development and use of the criteria, and (2) the evaluation of the entire process. The UR/QA guidelines will have to be flexible enough to allow for individual variations in cases as well as to allow for specialized treatment associated with the frail elderly, the disadvantaged, the handicapped, and the chronically ill. Furthermore, these criteria must be subject to constant review and revision to accommodate appropriate changes in medical practice. Medical care and medical practice are, by necessity, evolving processes as new diagnostic and therapeutic technologies and techniques emerge and old ones are re-evaluated. Criteria cannot set in stone that which has not been proven to be beneficial, but must be able to adapt to change.

The criteria and system of application must also protect, if not enhance, quality of care. Quality of care must be defined in a broader sense than simply mortality and morbidity statistics. UR/QA programs must specifically address issues of severity of illness, co-morbidities, patient satisfaction, and psychosocial burden.

In a paper entitled "Outcomes Management,"[2] Paul Ellwood essentially called for a much broader concept of UR/QA review. His outcome management concept speaks to the establishment of a national data base system which can estimate and evaluate the relationship between medical intervention and health outcomes viewed in a broad sense, including patient satisfaction and economic burden. This proposal would establish an evolving program which would develop and apply standards, gather data on the effect of these standards, and then modify the standards based on the evaluative process. Essential to Ellwood's evaluation process would be an assessment of the impact of the entire system on quality of life issues including functional capacity as well as patient satisfaction. Certainly, a program of outcome analysis would help create a delicate equilibrium between cost saving utilization review forces and expanded quality assurance programs.

These new systems must not function to decrease total health care costs merely by shifting cost from insurance carriers and medical institutions to patients and their families. Any analysis of the impact of these programs must include the financial implications on individuals and their families as well as on health care institutions.

To ensure that these monitoring programs and systems ultimately have a positive effect on medicine, in terms of quality of care and physician involvement and acceptance, it is critical that physicians participate in the development of criteria employed and in the evaluation of these systems. Physicians' participation is critical to assure that the patients' interests are protected as managed health care techniques become more widely employed. The same critical approach a physician uses in evaluating a trial of a new agent must be used in evaluating the efficacy and appropriateness of managed health care techniques.

Organized medicine will need to lobby for a national research agenda that will focus on developing criteria and defining and portraying quality assurance issues in an appropriately broad sense. Such a research program should not be funded exclusively from federal sources but should receive funding from insurance companies and employers who are likely to benefit from savings incurred by these programs. Given the magnitude of savings on inpatient care that Feldstein and his colleagues demonstrate, it is only fair to ask that some of these savings be reinvested in satsifying physicians and the public that these systems are effective and in the best interest of the insured. Research will have to be supported that focuses not only on health care outcomes but also on patient satisfaction, quality of life, and on financial implications in terms of cost shifting. Support will also be necessary to maintain the dynamic, evolving nature of a UR/QA system.

Over the last several years, Pittsburgh as a community has tried to address the issues of increasing health care costs, and has also attempted to deal with issues raised by managed health care programs. Supported by a grant from the Robert Wood Johnson Family Foundation, local leaders organized the Pittsburgh Program for Affordable Health Care (PPAHC). In order to ensure broad-based participation and acceptance by

ıe community, this program was co-ɔonsored by the Allegheny Conference ı Community Development, the Alle-heny County Medical Society, Blue ross of Western Pennsylvania, the Hos-ital Council of Western Pennsylvania, ıe Hospital Trustee Forum, the Pitts-urgh Business Group on Health, USX orporation, United Steel Workers of merica, the University of Pittsburgh, nd the Urban League.

A major focus of PPAHC was the es-ıblishment of a Community Health are Utilization Project (CHUP) whose ıandate was to address the high inpa-ent utilization rate of the greater Pitts-urgh area. The objective was to reduce ıese rates while maintaining quality of, nd access to, health care. One of HUP's major goals was to develop a ıodel utilization program (Managed are System) which included both clini-al and administrative guidelines. Using committee composed of business and ıbor leaders, hospital administrators, R/QA professionals, and physicians, HUP has been able to establish a model tilization management program which ıcludes:

1. Pre-admission certification criteria for surgical, medical, alcohol and drug abuse, rehabilitation medicine, dermatological and psychiatric related illnesses;
2. Second surgical opinion program which includes a waiver list in order to minimize unnecessary "hands on" second opinions;
3. Admission day review criteria;
4. Criteria for concurrent review for surgical, medical, and psychiatric related illnesses; and
5. A discharge planning program.

PPAHC has also established administrative guidelines to ensure that these criteria are used in an equitable and appropriate fashion. The two major fourth party auditors in the Pittsburgh area have, in principle, agreed to accept and abide by these criteria sets as well as administrative guidelines. Likewise, local medical societies have also accepted this program in principle.

Having developed these criteria, PPAHC recognizes that a formal evaluation needs to be undertaken to refine these criteria sets and determine the impact they have on health outcomes, patient satisfaction, and cost-shifting. Likewise, a formal quality assurance program needs to be developed. This effort is clearly a local one. What is needed is a similar national effort with adequate financial support and appropriate physician input.

By understanding and participating in the development of these monitoring processes, physicians will help ensure that these processes will ultimately achieve their goal of regression to a mean which actually represents better medical care at a reasonable price. If physicians resist this approach as being too intrusive and confining, they must understand that other cost control mechanisms will be implemented. Physicians will either choose future mechanisms for effective cost saving by active participation, or suffer the consequences of passive acquiescence.

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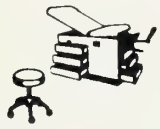

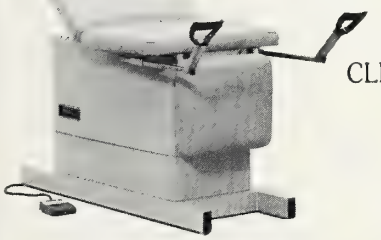

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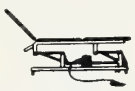

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SPECIAL FEATURE

POSITION PAPER ON AIDS/HIV INFECTION

Pennsylvania Public Health Association

The PPHA adopted this position paper on AIDS/HIV infection in December, 1989, and subsequently requested that it be disseminated to the medical community through this publication.

Acquired Immune Deficiency Syndrome (AIDS), or infection with the human immunodeficiency virus (HIV), is a chronic fatal illness of the immune system which cannot be prevented with a vaccine or cured. It was first identified as a medical problem in the U.S. in the summer of 1981 when a cluster of unusual, opportunistic infections or cancers occurred in young gay men on both the east and west coasts. Since then, a great deal of time, energy, and resources from a variety of sources have been dedicated to study AIDS epidemiology, etiology, pathogenesis, treatment, and prevention, and to provide care for people who suffer from this devastating disease.

Important observations to consider when developing a public policy on AIDS/HIV infection include:

1. AIDS/HIV infection is a new disease. The virus that causes AIDS was not circulating in the United States' population before the mid-1970s. Since this is a new disease, new strategies for control may have to be developed. Society as a whole will have to make changes. Individuals in particular may have to make changes in the way they relate to one another.

2. AIDS/HIV infection is a chronic disease. Once a person is infected, he or she is always infected. Although medical science can slow the progression of the disease in an individual, at this time it cannot cure the patient.

3. Most cases of HIV infection are asymptomatic. A person cannot tell by casual observation who is infected and who is not. Many asymptomatic individuals do not even know that they are infected with HIV.

4. Epidemiologic data show that HIV can only be transmitted in the following ways:

   a. By sexual transmission in both the gay and heterosexual communities. There is no known sexually transmitted disease unique to the gay population.
   b. By percutaneous exposure to contaminated blood. This means that contaminated blood must get through breaks in the skin. This explains the intravenous drug user (IVDU) cases, the hemophiliacs and blood transfusion cases, as well as the occupationally acquired cases in the health care community.
   c. From mother to child either in utero or at the time of birth. A few cases have occurred from breast feeding newborns.

5. Epidemiologic data show that HIV cannot be transmitted in the following ways:

   a. By the airborne route (one cannot acquire AIDS/HIV infection by being in the same room with someone who has AIDS/HIV infection),
   b. By touching someone with AIDS/HIV infection,
   c. By tears or saliva from someone with AIDS/HIV infection,
   d. By eating food prepared by someone with AIDS/HIV infection,

e. By mosquitoes, or
f. From toilet seats.

6. Both symptomatic and asymptomatic HIV-infected individuals can transmit this virus to others. In fact, HIV is more likely to be transmitted in the population by asymptomatic individuals who do not know they are infected and who have not modified their behavior. Individuals who know that they are infected are more likely to take necessary precautions.

7. In the United States, AIDS/HIV infection was first recognized in the gay population with spillover into the IVDU population and in individuals who received contaminated blood products. Some data suggest that transmission in the gay community is slowing. Transmission by contaminated blood products is low because HIV antibody testing is used to screen all donated blood. However, transmission in the IVDU population continues unabated and spillover into the heterosexual population now occurs, especially among people of color.

8. Because of massive educational efforts by all levels of government and by concerned citizens and community groups, the level of knowledge about HIV infection and transmission is high. (MMWR 1989:38:353–7.) However, behavior modification has not occurred to the same degree.

9. The current general education approach to encourage individuals to use safer sex practices does not appear to be working for all populations at risk. This observation is based on the fact that the data show a marked increase in sexually transmitted diseases over the past several years, i.e. syphilis and gonorrhea. This increase appears to be primarily linked to the crack epidemic and to the exchange of sex for drugs.

10. There is a continuing need for prevention education describing safer sex practices and safer drug use practices targeted at all high risk individuals, especially among people of color.

11. The laboratory tests used to determine HIV infection, when done properly and with a confirmatory test, are extremely accurate. The number of false positive tests, even in a population with a low prevalence, is extremely low. Because of the delay in developing an antibody response, false negative tests also occur.

12. AIDS is becoming a chronic disease, and as such, it will utilize more and more health care and social service resources and have an increasing impact on all aspects of society.

13. Because of the unique characteristics of the virus, i.e., its location in the genome in the nucleus of the host's cells and its ability to change its antigenic structure, it is unlikely that medical science will develop either an effective cure or an effective vaccine in this century.

14. The public should realize that government, with all of its resources and with all of its regulatory powers, cannot protect an individual from getting AIDS/HIV infection. That is something everyone has to do for him/herself.

Public health objectives

The primary objective of public health officials, when it comes to AIDS/HIV infection, is to interrupt the transmission of HIV in the population. The reason that this objective is so important is because we are dealing with an incurable and fatal disease which can be transmitted not only to our loved ones, but also to the next generation.

HIV transmission in the population can be interrupted by screening individuals donating blood and/or other organs for transplantation with the HIV antibody test, by behavioral modification, by treating sexually transmitted disease which can cause enhanced transmission of HIV, and by improving access to drug treatment programs. Adjunct methods include the widespread access to and use of condoms for sexually active individuals and bleach for individuals who continue to use IV drugs.

The second objective is to assure access to health care and other needed services for individuals suffering from this dreadful disease.

Control of AIDS/HIV infection

The Pennsylvania Public Health Association makes the following recommendations and comments:

1. Education/counseling continues to be a very important method to encourage behavior modification to prevent further transmission of HIV. This is the one disease that everyone has to know about. People who engage in high risk behavior must be educated with information appropriate to their culture so that they can take proper precautions to protect themselves. Education should take place in culturally appropriate environments including street corners, housing projects, bars, parks, and adult bookstores. Sexually explicit material is necessary when educating populations engaging in high risk behavior. Health departments should work with the news media, school districts, and community groups to develop age and culturally appropriate educational materials. Community groups, leaders and institutions must participate in the development of the message and its dissemination.

2. The entire population has to be educated about how AIDS/HIV infection is and is not transmitted so that irrational fear doesn't influence public policy. A

true understanding of this disease process can help prevent unnecessary discrimination and help AIDS/HIV-infected patients obtain the necessary services that they need.

3. Teenagers should be encouraged to practice abstinence from sexual intercourse and from drug and alcohol use. The fact that many teenagers are sexually active cannot be ignored. Comprehensive age-appropriate health education programs, stressing sexuality issues, including safer sex practices and drug and alcohol use, must be available in all schools.

4. Condoms must be provided for all sexually active individuals. They must be readily available and free.

5. Since the sharing of needles by IV-DUs and sexual behavior associated with drug use is an increasingly common mode of HIV transmission, every effort must be made to decrease the use of drugs and to provide treatment programs and counseling for individuals who use drugs. Bleach should be made available for individuals who continue to use IV drugs.

6. PPHA supports the current regulations requiring screening with the HIV antibody test of all individuals donating blood, semen, tissue and/or organs for transplantation.

7. The HIV antibody test should be used to identify asymptomatic individuals who do not know that they are infected so that they can receive appropriate intensive counseling to encourage behavioral modification to prevent transmission to others.

8. The HIV antibody test should be provided upon request, and all who engage in high risk behavior should be encouraged to take the HIV antibody test. The test should be offered as a routine part of any medical evaluation in STD clinics, drug treatment programs, prisons, family planning clinics, and other appropriate health care settings.

9. Confidential and anonymous HIV antibody testing should only be done on a voluntary basis and should never be done without the individual's prior informed consent to the test. These individuals should receive pre- and post-test counseling. HIV antibody positive individuals should receive intensive long-term counseling. Counseling must include referral to organizations and agencies who can provide long-term emotional support.

10. The PPHA supports the concept of blinded anonymous HIV antibody testing in specified population groups (seroprevalence studies) to determine the extent of HIV infection in the population and to determine which population groups need more services and/or educational programs.

11. Voluntary partner notification and counseling and testing of sexual and needle-sharing partners of HIV-infected individuals should be encouraged. Individuals in society most likely to be infected with HIV are those who have had high risk contact with an HIV-infected (antibody positive) person. These individuals need to be identified and counseled over a long period of time to encourage behavioral modification to prevent further transmission. Because of the sensitive nature of the problem, this partner notification and counseling should be done by trained counselors.

12. One of the main reasons for recommending the widespread application of the HIV antibody test is because medical science does have something to offer individuals infected with HIV. These individuals should receive an evaluation for tuberculosis, and isoniazid chemoprophylaxis if indicated, and immunizations with pneumococcal and influenza vaccines. Treatment with chemotherapy to prevent the progression of HIV infection and/or other drugs may also be indicated.

13. Extensive use of the HIV antibody test can only be made in a society where confidentiality is protected by law. Therefore, the PPHA supports the enactment of comprehensive confidentiality legislation developed and endorsed by the Pennsylvania Bar Association, the Pennsylvania Medical Society, the Pennsylvania Department of Health, and the American Civil Liberties Union.

14. Instances of discrimination against people with AIDS/HIV infection are on record in the areas of access to housing, jobs, social and medical services, and other areas. Such discrimination is forbidden by the Federal Rehabilitation Act of 1973 and the Pennsylvania Human Relations Act, as well as other laws and regulations. The Pennsylvania Public Health Association adopts a policy of non-discrimination in regard to AIDS/HIV-infected individuals and encourages all organizations and individuals in Pennsylvania to adopt like policies.

15. Since studies have shown that certain sexually transmitted diseases, i.e., syphilis, herpes and chancroid, may enhance the transmission of HIV, and since there is currently an epidemic of syphilis, primarily in the drug using community, every effort must be made to expand clinical services for STD patients and to do prompt epidemiologic treatment on all identified contacts.

16. The PPHA recognizes the medical problems of all individuals infected with HIV and supports all efforts made to assure them access to the best available medical care. As effective medication and treatment are identified through medical research, these therapeutic modalities should be quickly and widely disseminated for all of those who would benefit.

17. The PPHA realizes that the service needs of AIDS/HIV-infected patients are broad and varied, and that it is impossible for any one agency or group to provide all of the needed services. It also recognizes the tremendous support services that have already been developed by and provided by many different community-based organizations.

The PPHA supports all of these AIDS/HIV activities, and feels that there should be a closely coordinated working partnership involving the private medical sector, community-based AIDS services organizations, and various governmental health and social service agencies. The Pennsylvania Department of Health is responsible for coordinating activities at the state level, while local health departments should assume the coordinating role at the local level.

18. A major concern of the PPHA is that AIDS funding and organizations will dominate public health endeavors. Although AIDS/HIV infection is an important public health problem, it is not the only one. Support for AIDS programs must be balanced with the needs of other important public health programs such as sexually transmitted diseases, prenatal care and infant health, immunizations, health care for the poor, drug and alcohol abuse programs, mental health/mental retardation programs, and environmental health programs.

19. Since AIDS program needs are so great and since there are multiple sources of funding, AIDS programs and agencies should ensure maximum efficiencies by accounting for all expenditures and by evaluating all program activities.

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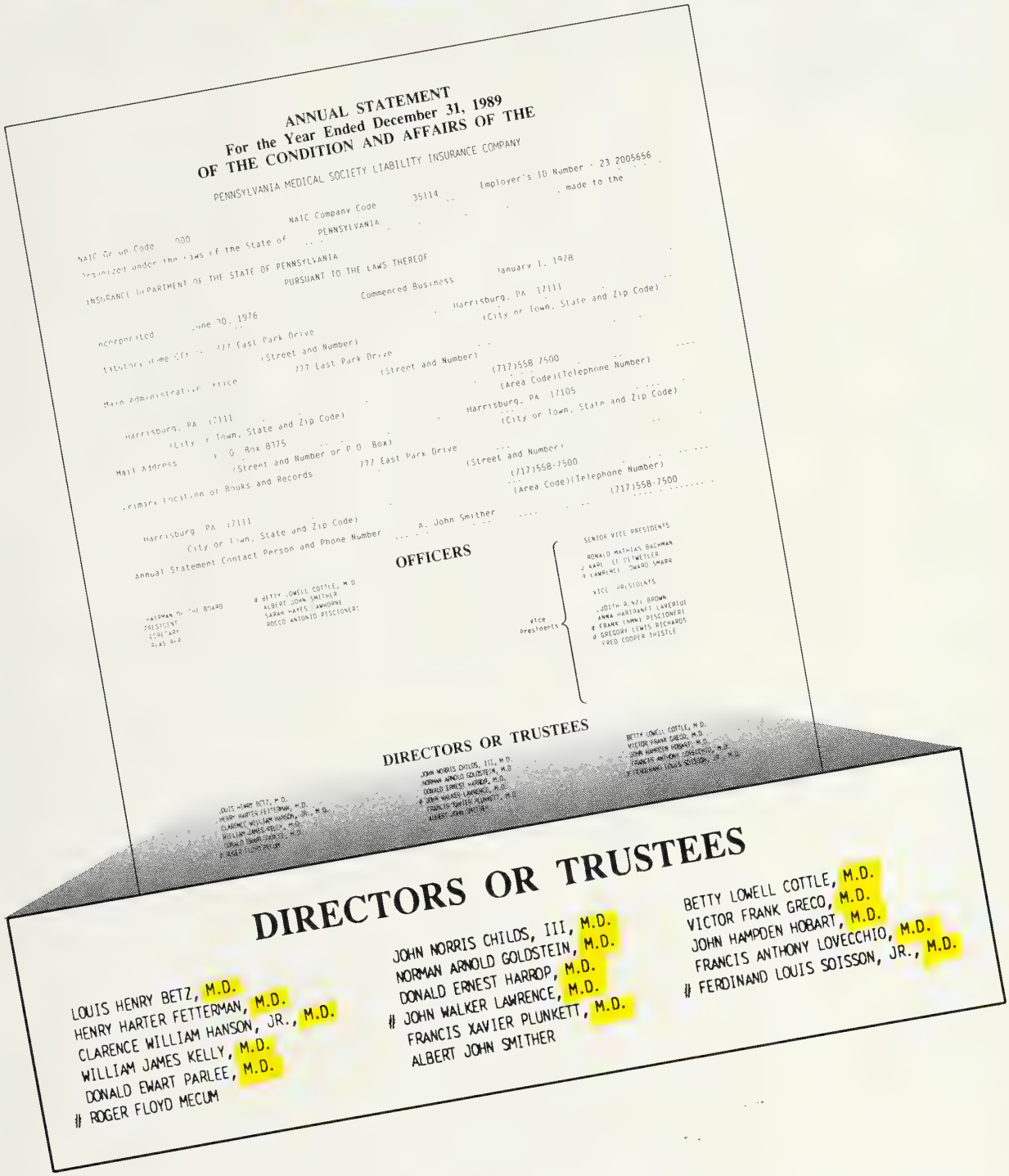

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RESIDENT PHYSICIAN SECTION

HOW MANY RICH DOCTORS ARE THERE?

David J. Shulkin, MD

At one time or another all of us have hesitated before using the title "Dr." when dealing with a plumber or auto mechanic. We are too familiar with the public's perception that "doctors can afford it."

What I'd like to know is, if doctors are so wealthy, why am I struggling so much? My physician wife and I have recently completed a combined 51 years of education. With the resulting accumulation of student loans, our net worth adds up to a staggering budget deficit.

My car is old and I listen to the radio instead of compact discs. It's not that I mind not keeping pace with my nonphysician, "yuppie" friends. I have professional rewards that money can't buy and I wouldn't have it any other way.

But like it or not, money does matter and debt is scary. While we physicians know there is a growing crisis of medical education loan indebtedness, getting other people to understand this is a difficult task. People have little empathy for someone with high educational expenses when that person's future earnings can top six figures. To the casual observer, it seems like a pretty good system: Everyone knows it takes money to make money, and you have to invest capital to reap the benefits. Therefore, medical education *should* be expensive; it's the American way. I wish it were so simple.

A change in federal policy recently repealed medical student loan deductions and shortened the period of deferment. Medical education debt has risen 200 percent in the past decade and the average student now graduates with greater than $40,000 in obligations. Residents in New York City hospitals with average student loan debts would have a negative cash flow in their first postgraduate year of greater than $10,000.[1]

High levels of educational debt are changing the very character of medical practice. Loan liability has been found to be the most important predictor of change in student career plans.[2] There is a direct correlation between applications for residency positions in the various specialties and income levels reported for those specialties.[3] Because of this, primary care and rural areas are the losers.

Applications for medical school are decreasing and the prospect of ever-increasing tuition makes the trend likely to continue. The quality of future practitioners is being influenced by a less than ideal educational financing system.

This problem can be solved. Medical school tuition could be lowered or residents could be paid more money. Pools of money with long deferment periods could be made available by private financing of medical education, although it seems unlikely that workable solutions will come solely from the private sector.

Recently, there have been some developments that are encouraging. In Pennsylvania, Senator John Peterson, who represents the 25th Senatorial District, 5 northwest counties and portions of three others, is concerned about rural health care. To attract more physicians to these areas, he hopes to capitalize on the increasingly unaffordable training system. He has proposed Senate Bills 1653–59 which offer loan repayments and scholarship funds for physicians committed to practice in rural areas. On the federal level, Congressman Timothy Penny (D-MN) has sponsored H.R. 4690 which would restore deferments on educational loans to the full period of training. U.S. Representative Richard Schulze, representing three southeastern counties, has 315 cosponsors for H.R. 747, which would restore interest deductibility to student loans. Senate Bill 656, brought forth by Iowa's Senator Charles Grassley, also would restore loan deductibility and currently has 21 cosponsors. Most recently, Maine's Senator William Cohen sponsored a bill which would allow residents to defer payments of their Title IV student loans during residency. These efforts deserve our support.

I'm not one to look for government handouts or charity. Medical degrees should not be handed out on silver platters. But let's aim for a system that encourages those who want to treat the sick and not just those who can afford to do so.

For the '89–90 academic year, the Pennsylvania Medical Society's Educational and Scientific Trust loaned $500,000 to medical students. The Resident Physician Section of PMS supports this effort and other alternative medical school funding mechanisms. Additionally, we will continue to fight for deferments and deductibility of student loans. We're committed to this and we want your assistance. Doctors need to inform the general public about the problem. It is the best way to influence future legislation.

Dr. Shulkin is chairman of the Pennsylvania Medical Society's Resident Physician Section. He is in the Robert Wood Johnson Foundation Clinical Scholars Program at the University of Pennsylvania School of Medicine.

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Western Pennsylvania — Board Certified or prepared emergency physicians needed for staffing a community hospital emergency department near the Ohio/Pennsylvania border. Please send CV to P.O. Box 99431, Pittsburgh, PA 15233-0431.

Pennsylvania — Physician group seeks full-time and part-time physicians for an emergency department of community hospitals in central and western Pennsylvania. Please send resume to P.O. Box 99431, Pittsburgh, PA 15233-0431.

Family practice — Progressive, fast growing group practice in central Bucks area seeking new family physician. Competitive benefit package with ownership in future. Contact: Dr. Stuart Rosan, Doylestown and Warrington Family Practice, Penns Court, Suite 215, 350 S. Main St., Doylestown, PA 18901. (215) 348-4916.

Full & part-time positions available in large fully-equipped urgent care center in the South Hills of Pittsburgh with a full compliment of support staff. Center also provides x-ray, laboratory & occupational medicine services. Physician with family practice training or experience preferred. Interested candidates should call (412) 745-3105 for further information. EOE M/F/H.

Southcentral Pennsylvania — Two physician partnership looking for a third BC/BE FP. Privileges at large community hospital including CCU and ICU. Involvement in teaching residents and medical students. Write: P.O. Box 727, East Berlin, PA 17316.

Non-invasive cardiologist — Four physician, single specialty cardiology group has an immediate opening for a BE/BC non-invasive cardiologist. Echo, doppler, holter, and treadmill are established in-clinic. Full invasive and surgical programs are established. The practice serves a large and expanding regional referral area in mid-Michigan. Generous compensation and early partnership are available. Send CV to: The Heart Group, PC, ATTN: N. Polzin, 4701 Towne Centre Rd., Suite 201, Saginaw, MI 48604.

Physician needed for large long-term care facility providing care for congregate living, personal care, and IC/SC needs; in addition, provides care for 50 school age children, and is expanding to care for an additional 300 or more persons in an independent living community. Total program involves approximately 1,100 or more persons. BE/BC in general/family practice, general internist, or geriatrics preferred. Competitive salary, excellent benefit package with liability and health program. Opportunity for continuing medical education. Respond to: Masonic Homes, Personnel Director, One Masonic Dr., Elizabethtown, PA 17022; (717) 367-1121 ext. 135. EOE.

Medical officer, family practice — Full-time appointment for U.S. Army Health Clinic. Letterkenny Army Depot, Chambersburg, PA. Outstanding compensation, paid malpractice insurance, federal benefits available. Contact Harold Allen, MD, (717) 267-8600.

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Listed below are several of the practices which are currently for sale:

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Family Practice	Central PA	$190,000
Family Practice	Northern Delaware	$225,000
Internal Medicine	Northern New Jersey	$350,000
Ophthalmology	Washington, DC	$650,000
Ophthalmology	Philadelphia	$300,000
Ophthalmology	New York City	$450,000
Ophthalmology	Philadelphia	$1,000,000
Ophthalmology	West Texas	$400,000
Ophthalmology	Detroit suburbs	$1,000,000
Radiology	South Jersey	$850,000
Radiology	Philadelphia suburbs	$325,000

For additional information, please contact:

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ADVERTISERS' INDEX

A.H. Webb, MD **35**
Azetta Spicer **59**
Bertholon Rowland Agencies **7**
CPO2 **41**
Data-Med, Inc. **27**
Dodson Insurance Group **57**
Eli Lilly Company **45**
Fulton, Longshore & Associates **59**
Geisinger Clinic **21**
Graduate Hospital **3**
Hahnemann University **39**
Health Images **11**
Healthsearch **58**
Hessler Enterprises **28**
Interstat **51**
Jeanes Hospital **58**
Jefferson Medical College **27**
Jefferson Surgery Center **15**
Medical Personnel Pool **29**
Medical Protective Co. **47**
Meridian Bancorp **9**
Mt. Sinai Hospital **29**
OR-D Systems **24**
Orion Systems **25**
Palisades Pharmaceuticals **25**
Pennsylvania Blue Shield **1, Cover 2**
Philadelphia Heart Institute **31**
Physicians' Health Programs **20**
Physicians Insurance Co. **17**
PMS Liability Insurance Company **55**
Roche Laboratories **5–6, Covers 3, 4**
Shared Medical Systems **43**
Sheraton Hotel at Station Square **41**
Specialized Computer Systems **51**
Wasserott's **19**
Wills Eye Hospital **37**

details contact: Charles E. Schlager, MD, Family and Community Health Associates, 1 Market Way South, Suite 2, York, PA 17405.

Northeastern Pennsylvania — Multi-specialty group practice is seeking BC/BE physicians with background in: family practice, internal medicine, non-invasive cardiology and pediatrics. We are located in a beautiful rural area of Pennsylvania that has recently experienced an accelerated growth. If you are interested in any of the above positions, please call PhysicianCare (717) 265-6300.

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Pediatrician — Philadelphia suburbs. Want partner, not employee for thriving three person practice. Start November 90. $75,000 package. Box 41012, Philadelphia, PA 19127-0012.

POSITIONS WANTED

Seeking position in gastroenterology/internal medicine. Available now. Board certified in internal medicine. Board eligible in gastroenterology. British and U.S. trained. Licensed in Pennsylvania. Contact S. P. Nathan, South Baltimore General Hospital, 3001 S. Hanover Street, Baltimore, MD 21230. (301) 355-5502.

Radiologist — Board certified, available for interpretations — general x-ray, mammography, U/S, nuclear license, certified B-reader for occupational chest x-rays. Box 341, PENNSYLVANIA MEDICINE, 777 East Park Dr., P.O. Box 8820, Harrisburg, PA 17105-8820.

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Pleasant country practice in rural community in south central PA. Spacious new building with lower level rented to radiology, physical therapy, and orthopedics. Reasonable on call schedule with other solo practitioners. An abundance of new equipment. Lease/buy options available. Send inquiry to Box 337, PENNSYLVANIA MEDICINE, 777 East Park Dr., P.O. Box 8820, Harrisburg, PA 17105-8820.

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One story modern brick medical office building — Prime northeast Philadelphia location. 8,000 sq. ft. with parking; space available immediately; good income from existing tenants; perfect for group; present owners (internist/radiologist) will remain as tenants if desirable. No money needed. Contact: HAY Investment Co. (215) 742-4740.

For sale — Arterial blood gas analyser radiometer 330 ABL. 8 months old, barely used in factory-fresh running condition. Asking $15,000. Call for information (609) 985-1715.

Eastern Pennsylvania — GP or family practitioner for busy ongoing primary care home-office, located in Pike Co. Doctor retiring. Nearest hospital 20 minutes. Call evenings (717) 559-7400.

For rent and/or sale — 4 room office, 1st floor. Lavatory wired for x-ray, dark room, and viewer. Good for G.P., dentist, podiatrist. 268 E. Market St., York, PA 17043. Call G.H. Hoerner, MD, at (717) 392-3319 or (717) 394-2555.

Medical staff privilege law — Lewis M. Levin and Associates, Attorneys at Law, are available on a national basis to individual physicians, medical staff executive committees, and hospital administrations in the area of medical staff privilege law and peer review. Suite 1206, 1518 Walnut St., Philadelphia, PA 19102; (215) 735-1700.

Toshiba Ultrasound, including: 5 MHZ Abdominal Probe, Transrectal Probe for Prostatic Ultrasound, camera for recording, 9" TV monitor with cables, VCR and mobile unit. $12,000. Equipment wanted: EKG machine with Doppler Port. Call (215) 259-3434.

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VOLUME 93, NUMBER 11

Pennsylvania Medicine®

IN THIS ISSUE

3 *101 benefits to keep your practice in perfect health*
advantages of PMS/AMA membership

14 *Membership numbers hold in unification*
figures better than projected

22 *A different sort of animal: doctor owned insurance company*
physicians managing their risks

30 *In memoriam: Dr. Karl A. Menninger*
profile of a remarkable physician

◀ *Thanksgiving preparations in a Pennsylvania Dutch kitchen*

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PENNSYLVANIA MEDICINE

NOVEMBER 1990

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TABLE OF CONTENTS

NEWSFRONTS

8 Medigram—*late news at press time*

14 Membership numbers hold in unification—*figures better than projected*

16 New president appoints councils, committees—*members listed*

18 Medical Society joins drug abuse war—*partnership with state, business sectors*

18 Legislative measure aids urban, rural indigent—*progress on access to care*

18 Abortions in state up last year—*analysis of state's statistics*

20 Institute to sharpen physician leaders' skills—*State Society Trust provides training*

22 A different sort of animal—Elaine S. Herrmann—*profile of doctor-owned insurance company*

PRESIDENT'S PAGE

10 Leadership development primary concern—Gordon K. MacLeod—*new Society president's voice*

EDITORIAL

12 Threats and bets—J. Mostyn Davis—*acting to preserve professional integrity*

KEPRO REPORT

28 A definition of sanctions—Donald E. Harrop—*ending misconceptions in terminology*

IN MY OPINION

30 In memoriam: Dr. Karl A. Menninger—James F. Drane—*profile of a remarkable physician*

31 Medical resources and rationing—David W. Crippen—*questioning the politics of health care*

33 Medical schools fall short of U.S. needs—Joseph J. Marconis—*applying the supply and demand principle*

SPECIAL FEATURE

34 The cost of aids: Who will pay?—David J. Shulkin—*analysis of societal resource*

36 Dialogue with nursing—Coalition of Pennsylvania Nurses—*innovative ideas to vitalize a pressured profession*

PRACTICE MANAGEMENT

40 The value of a professional recruiter—The Health Care Group—*more than just saving time*

DEPARTMENTS

26 Obituaries
44 New members
46 Physicians in the news
48 Classified advertising
52 Advertisers' index

CONTROL ACID RAIN

with once-a-night hs therapy for active duodenal ulcers

Zantac® 300

ranitidine HCl/Glaxo 300 mg tablets

Glaxo/ROCHE

Glaxo Pharmaceuticals™

Research Triangle Park, NC 27709

See adjacent page for Brief Summary of Product Information.

In active duodenal ulcers

Once-a-night hs therapy controls acid rain

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Zantac 300
#30
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Zantac 300
ranitidine HCl/Glaxo 300 mg tablets

Zantac® 150 Tablets
(ranitidine hydrochloride)

Zantac® 300 Tablets
(ranitidine hydrochloride)

Zantac® Syrup
(ranitidine hydrochloride)

BRIEF SUMMARY

The following is a brief summary only. Before prescribing, see complete prescribing information in Zantac® product labeling.

INDICATIONS AND USAGE: Zantac® is indicated in:
1. Short-term treatment of **active duodenal ulcer.** Most patients heal within four weeks.
2. **Maintenance therapy** for duodenal ulcer patients at reduced dosage after healing of acute ulcers.
3. The treatment of **pathological hypersecretory conditions** (eg, Zollinger-Ellison syndrome and systemic mastocytosis).
4. Short-term treatment of **active, benign gastric ulcer.** Most patients heal within six weeks and the usefulness of further treatment has not been demonstrated
5. Treatment of **gastroesophageal reflux disease (GERD).** Symptomatic relief commonly occurs within one or two weeks after starting therapy. Therapy for longer than six weeks has not been studied

In active duodenal ulcer; active, benign gastric ulcer; hypersecretory states; and GERD, concomitant antacids should be given as needed for relief of pain.

CONTRAINDICATIONS: Zantac® is contraindicated for patients known to have hypersensitivity to the drug.

PRECAUTIONS:

General: 1. Symptomatic response to Zantac® therapy does not preclude the presence of gastric malignancy.
2. Since Zantac is excreted primarily by the kidney, dosage should be adjusted in patients with impaired renal function (see DOSAGE AND ADMINISTRATION). Caution should be observed in patients with hepatic dysfunction since Zantac is metabolized in the liver

Laboratory Tests: False-positive tests for urine protein with Multistix® may occur during Zantac therapy, and therefore testing with sulfosalicylic acid is recommended

Drug Interactions: Although Zantac has been reported to bind weakly to cytochrome P-450 *in vitro,* recommended doses of the drug do not inhibit the action of the cytochrome P-450-linked oxygenase enzymes in the liver. However, there have been isolated reports of drug interactions that suggest that Zantac may affect the bioavailability of certain drugs by some mechanism as yet unidentified (eg, a pH-dependent effect on absorption or a change in volume of distribution).

Carcinogenesis, Mutagenesis, Impairment of Fertility: There was no indication of tumorigenic or carcinogenic effects in lifespan studies in mice and rats at doses up to 2,000 mg/kg/d

Ranitidine was not mutagenic in standard bacterial tests (*Salmonella, Escherichia coli*) for mutagenicity at concentrations up to the maximum recommended for these assays.

In a dominant lethal assay, a single oral dose of 1,000 mg/kg to male rats was without effect on the outcome of two matings per week for the next nine weeks.

Pregnancy: ***Teratogenic Effects: Pregnancy Category B:*** Reproduction studies have been performed in rats and rabbits at doses up to 160 times the human dose and have revealed no evidence of impaired fertility or harm to the fetus due to Zantac. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers: Zantac is secreted in human milk. Caution should be exercised when Zantac is administered to a nursing mother.

Pediatric Use: Safety and effectiveness in children have not been established.

Use in Elderly Patients: Ulcer healing rates in elderly patients (65 to 82 years of age) were no different from those in younger age groups. The incidence rates for adverse events and laboratory abnormalities were also not different from those seen in other age groups.

ADVERSE REACTIONS: The following have been reported as events in clinical trials or in the routine management of patients treated with Zantac®. The relationship to Zantac therapy has been unclear in many cases. Headache, sometimes severe, seems to be related to Zantac administration

Central Nervous System: Rarely, malaise, dizziness, somnolence, insomnia, and vertigo. Rare cases of reversible mental confusion, agitation, depression, and hallucinations have been reported, predominantly in severely ill elderly patients. Rare cases of reversible blurred vision suggestive of a change in accommodation have been reported

Cardiovascular: As with other H_2-blockers, rare reports of arrhythmias such as tachycardia, bradycardia, atrioventricular block, and premature ventricular beats.

Gastrointestinal: Constipation, diarrhea, nausea/vomiting, abdominal discomfort/pain, and rare reports of pancreatitis.

Hepatic: In normal volunteers, SGPT values were increased to at least twice the pretreatment levels in 6 of 12 subjects receiving 100 mg qid intravenously for seven days, and in 4 of 24 subjects receiving 50 mg qid intravenously for five days. There have been occasional reports of hepatitis, hepatocellular or hepatocanalicular or mixed, with or without jaundice. In such circumstances, ranitidine should be immediately discontinued. These events are usually reversible, but in exceedingly rare circumstances death has occurred.

Zantac® 150 and 300 (ranitidine hydrochloride) Tablets
Zantac® (ranitidine hydrochloride) Syrup

Musculoskeletal: Rare reports of arthralgias.

Hematologic: Blood count changes (leukopenia, granulocytopenia, thrombocytopenia) have occurred in a few patients. These were usually reversible. Rare cases of agranulocytosis, pancytopenia, sometimes with marrow hypoplasia, and aplastic anemia have been reported.

Endocrine: Controlled studies in animals and man have shown no stimulation of any pituitary hormone by Zantac and no antiandrogenic activity, and cimetidine-induced gynecomastia and impotence in hypersecretory patients have resolved when Zantac has been substituted. However, occasional cases of gynecomastia, impotence, and loss of libido have been reported in male patients receiving Zantac, but the incidence did not differ from that in the general population.

Integumentary: Rash, including rare cases suggestive of mild erythema multiforme, and, rarely, alopecia.

Other: Rare cases of hypersensitivity reactions (eg, bronchospasm, fever, rash, eosinophilia), anaphylaxis, angioneurotic edema, and small increases in serum creatinine.

OVERDOSAGE: Information concerning possible overdosage and its treatment appears in the full prescribing information

DOSAGE AND ADMINISTRATION: (See complete prescribing information in Zantac® product labeling).

Active Duodenal Ulcer: The current recommended adult oral dosage is 150 mg or 10 ml (2 teaspoonfuls equivalent to 150 mg of ranitidine) twice daily. An alternate dosage of 300 mg or 20 ml (4 teaspoonfuls equivalent to 300 mg of ranitidine) once daily at bedtime can be used for patients in whom dosing convenience is important. The advantages of one treatment regimen compared to the other in a particular patient population have yet to be demonstrated.

Maintenance Therapy: The current recommended adult oral dosage is 150 mg or 10 ml (2 teaspoonfuls equivalent to 150 mg of ranitidine) at bedtime.

Pathological Hypersecretory Conditions (such as Zollinger-Ellison syndrome): The current recommended adult oral dosage is 150 mg or 10 ml (2 teaspoonfuls equivalent to 150 mg of ranitidine) twice a day. In some patients it may be necessary to administer Zantac® 150-mg doses more frequently. Doses should be adjusted to individual patient needs, and should continue as long as clinically indicated. Doses up to 6 g/d have been employed in patients with severe disease.

Benign Gastric Ulcer: The current recommended adult oral dosage is 150 mg or 10 ml (2 teaspoonfuls equivalent to 150 mg of ranitidine) twice a day.

GERD: The current recommended adult oral dosage is 150 mg or 10 ml (2 teaspoonfuls equivalent to 150 mg of ranitidine) twice a day.

Dosage Adjustment for Patients with Impaired Renal Function: On the basis of experience with a group of subjects with severely impaired renal function treated with Zantac, the recommended dosage in patients with a creatinine clearance less than 50 ml/min is 150 mg or 10 ml (2 teaspoonfuls equivalent to 150 mg of ranitidine) every 24 hours. Should the patient's condition require, the frequency of dosing may be increased to every 12 hours or even further with caution. Hemodialysis reduces the level of circulating ranitidine. Ideally, the dosage schedule should be adjusted so that the timing of a scheduled dose coincides with the end of hemodialysis.

HOW SUPPLIED: Zantac® 300 Tablets (ranitidine hydrochloride equivalent to 300 mg of ranitidine) are yellow, capsule-shaped tablets embossed with "ZANTAC 300" on one side and "Glaxo" on the other. They are available in bottles of 30 (NDC 0173-0393-40) tablets and unit dose packs of 100 (NDC 0173-0393-47) tablets.

Zantac® 150 Tablets (ranitidine hydrochloride equivalent to 150 mg of ranitidine) are white tablets embossed with "ZANTAC 150" on one side and "Glaxo" on the other. They are available in bottles of 60 (NDC 0173-0344-42) and 100 (NDC 0173-0344-09) tablets and unit dose packs of 100 (NDC 0173-0344-47) tablets.

Store between 15° and 30° C (59° and 86° F) in a dry place. Protect from light. Replace cap securely after each opening.

Zantac® Syrup, a clear, peppermint-flavored liquid, contains 16.8 mg of ranitidine hydrochloride equivalent to 15 mg of ranitidine per 1 ml in bottles of 16 fluid ounces (one pint) (NDC 0173-0383-54).

Store between 4° and 25° C (39° and 77° F). Dispense in tight, light-resistant containers as defined in the USP/NF.

July 1990

Glaxo Pharmaceuticals
DIVISION OF GLAXO INC.
Research Triangle Park, NC 27709

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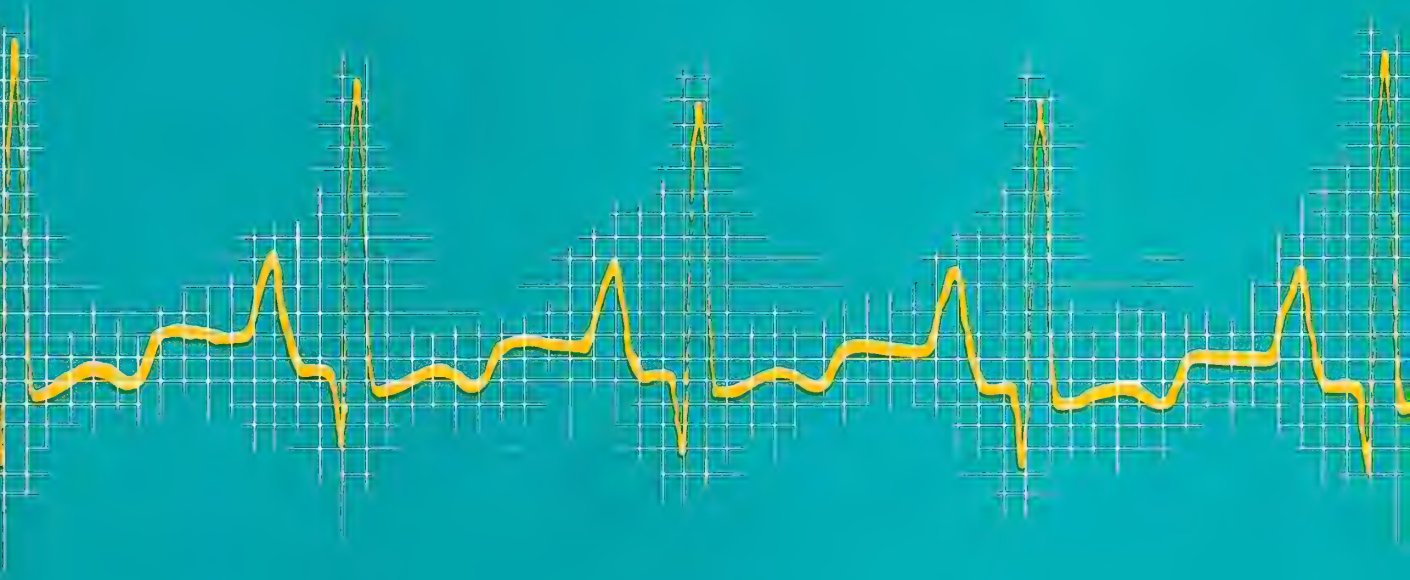
Two Vital Signs You Can't Afford To Overlook.



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IN LEGISLATIVE ACTION, PMS...

1 Establishes contacts with state government officials, making organized medicine, and its positions on the issues, known to key decision makers.

2 Implements ongoing legislative monitoring by experts who examine hundreds of bills each year which could affect the medical profession.

3 Established the Society as a principal information resource and advocate for professional liability reform.

4 Organized PaMPAC, the Society's political action committee, to assist candidates who understand medical issues and who are helpful to organized medicine.

5 Played a key role in passage of a new Medical Practice Act with provisions to meet modern licensing and oversight needs. The Act now serves as a guidepost for professional standards in the health care professions.

6 Provided important support for a child passenger protection bill.

7 Advocated a bill to prohibit the sale of anatomical parts.

8 Cooperatively seeks passage of AIDS confidentiality legislation.

9 Helped defeat measures that would allow non-practitioners to practice medicine as a means of "cost containment."

10 Promoted the Cancer Control Act, including allocation of funds from cigarette taxes.

11 Successfully led opposition to legislated caps on medical facility capital investment.

12 Supported passage of protective rules shielding physicians from criminal liability when drawing blood under the drunk driving law.

13 Developed a plan to break the state's deadlock over indigent care.

IN REGULATORY ACTION, PMS...

14 Vigorously supported the simplification of the Medical Assistance Form.

15 Successfully pushed for an increase in the average MA fee schedule to 50% of the average usual billing charge and helped win an increase to 70% for office visits, emergency room treatment, and outpatient hospital fees.

16 Urged updating of the MA fee schedule to include 600 new procedures.

17 Challenged Blue Shield rules and regulations to assure due process for physicians.

18 Sued the state insurance department and received a reduction in the Medical Professional Liability Catastrophe Loss Fund, saving an estimated $26 million.

IN COMMUNICATIONS, PMS...

19 Publishes *Pennsylvania Medicine* to bring Pennsylvania physicians the latest news on legal and political matters affecting them, as well as information on taxes, investments, insurance, and marketing/management advice.

20 Initiated an intensive multi-media education campaign to present accurate information to the public in areas of specific concern to the profession and to counter negative publicity.

21 Increased contacts with the mass media to encourage balanced reporting on physicians' issues.

22 Offered a biannual medical reporters' seminar to acquaint medical writers with key issues.

23 Developed *HMOs and Your Medical Care*, an educational booklet designed to answer patients' questions about HMOs.

FOR HOSPITAL MEDICAL STAFFS, PMS...

24 Offers consultation services to assist hospital medical staffs in reviewing their bylaws.

25 Published a "Medical Staff Handbook," which includes model bylaws and guidelines for structuring an effective quality assurance program.

26 Formed the Hospital Medical Staff Section to give medical staffs input into PMS decision making.

27 Developed a group legal services plan through which medical staffs can obtain affordable expert advice on bylaws, credentialing, antitrust and other critical issues.

28 Obtained a ruling from the Department of Health that hospital privileges include a right of access to hospital facilities, equipment and personnel.

ON ISSUES MANAGEMENT, PMS...

29 Established a Task Force on Health Care Cost Containment to monitor measures enacted by the Commonwealth and to provide advice and input on physician interests.

30 Coordinated a series of informative seminars for physicians on the requirements of the new cost containment law.

31 Produced and made available a videocassette designed to help physicians understand the requirements for compliance with the cost containment law.

32 Established a Task Force on Aging to deal with new and existing issues affecting our growing elderly population.

33 Implemented a program to boost participation by the public as potential organ donors.

34 Made available to physicians its newly updated "Do Not Resuscitate" guidelines.

35 Adopted an AIDS policy statement. Also published an information kit for physicians.

36 Appointed a special task force to promote the PMS-adopted reforms in the Professional Liability Initiative.

ON PHYSICIAN SERVICES, PMS...

37 Established a patient information brochure service to assist physicians in strengthening their communication with current and potential patients.

38 Offers placement services for physicians seeking practice opportunities in Pennsylvania and for communities in the state seeking physicians.

39 Provides a toll-free telephone hot line to answer members questions on any medical issue. (1-800-228-7823)

40 Developed a patient satisfaction analysis service to provide feedback to physicians on patient attitudes toward the care they receive.

41 Produced "Planning For Your Retirement," a comprehensive handbook on financial planning, selling a practice, retirement fund distribution and much more.

42 Established the physician-run Pennsylvania Medical Society Liability Insurance Company--PMSLIC--which now offers top-rated protection to over 7,000 physicians.

43 Developed the Risk Management Program, an education program on how to avoid damaging suits.

44 Initiated Physicians' Health Programs, now with a full-time medical director, to help troubled physicians get assistance from their colleagues.

45 Formed the PMS Educational and Scientific Trust to promote medical and health education, educational research projects, and student loans. Provides more than $500,000 yearly in low-interest students loans.

46 Established a Department For Specialty Societies to pool the resources of various specialties and provide administrative support for their activities.

47 Founded a Pennsylvania Medical Society Auxiliary, a powerful support arm of the Society whose membership is open to member physicians' spouses.

IN CONSUMER EDUCATION, PMS...

48 Initiated a statewide campaign urging older Pennsylvanians to check with their doctors before agreeing to purchase or lease home medical equipment and supplies.

49 Sponsors conferences on drug abuse throughout the year.

50 Coordinated a joint Polypharmacy Project with the Department of Aging, encouraging senior citizens to make sure all their prescriptions are compatible.

IN PRACTICE MANAGEMENT, PMS...

51 Conducts practice management courses throughout the year at several locations. Subjects include establishing a practice, understanding computers, maximizing reimbursement from third party payers and many others.

52 Published an informative guide to patient education materials.

53 Provides access to business and marketing assistance through the Society's practice management consulting network.

54 Offers a "Marketing Guide For Physicians" to provide basic information on how to apply a marketing plan to a medical practice.

55 Produced a contracting guide with valuable advice on PPO and HMO contracting for physicians.

56 Researched and produced an entire series of informative practice management primers on topics affecting physicians including "Guide to Creditors Rights," "Physician Networking: Is Joining Forces a Competitive Alternative?" as well as "Medical Ethics," "Distribution of Drugs," and "Medical Records."

57 Published an extensive guide on negotiating group practice contracts for physician employers as well as employees.

58 Developed the Community/Practice Opportunity Assessment package to help physicians evaluate their goals and to find the best locations for their career.

59 Produced "Making the Right Participation Decisions," a handbook which helps physicians stay competitive with strategic third-party payer participation choices.

60 Made available "Practice Options For Today's Young Physician" to help new medical careers get the best possible start.

IN MONEY MANAGEMENT, PMS...

61 Sponsors a credit union for physicians, their families, and their employees, offering loans with attractive rates.

62 Maintains a variety of premium-saving group insurance plans to PMS members.

IN PUBLIC POLICY, AMA...

63 Initiated "Health Access America," a legislative and communications campaign to strengthen the U.S. health care system and ensure access to quality medical care for every American--and to raise public awareness of the important efforts of physicians in this regard.

64 Won favorable changes to the proposed RBRVS physician reimbursement plan.

65 Defeated expenditure targets in the House and Senate Reconciliations Bill.

66 Curtailed "medically unnecessary" communiques from HCFA.

67 Won ICD-9 coding extensions to give physicians adequate time to educate themselves about the new regulations.

68 Lobbied successfully for the development of clinically sound "practice parameters," and for inclusion of physician input.

69 Defeated mandatory assignment three times, enabling all physicians to practice in the setting they choose.

70 Won passage of airline smoking prohibitions and continues to lead the fight for a smoke-free society by the year 2000.

71 Lobbied to ensure greater protection for physicians in PRO actions concerning quality of care.

IN PUBLIC HEALTH AND SAFETY, AMA...

72 Conducted the International Conference on HIV/AIDS involving health professionals from 15 countries.

73 Distributed more than 400,000 complimentary copies of the AMA's HIV Counseling Guidelines.

74 Initiated "Healthier Youth by the Year 2000," a 3-year project aimed at developing programs and policies to reduce high-risk behavior and prevent health problems among adolescents.

75 Spearheaded a 1989 National Adolescent Health Congress, coalescing with 30 other health organizations to address major issues in adolescent health.

IN MEDICAL INFORMATION, AMA...

76 Publishes the most widely circulated clinical journal in medicine--*JAMA*--the *Journal of the American Medical Association*.*

77 Keeps physicians on top of the socioeconomic news of medicine with the weekly *American Medical News*.*

78 Reaches more than 600,000 readers through nine specialty journals providing information on internal medicine, psychiatry, diseases of children, neurology, pathology and laboratory medicine, surgery, ophthalmology, dermatology, and otolaryngology/head and neck surgery.

79 Issues scientific reports on its own research activities through the Council on Scientific Affairs, to enhance the way medicine is practiced, provide the basis for AMA policy decisions, and influence government policy development.

80 Annually updates and publishes *Physicians' Current Procedural Terminology--CPT*, providing the most widely accepted system of terms and codes for reporting physician procedures and services.

81 Produces the *American Medical Television (AMT)* program series to help physicians and other health care professionals stay abreast of the latest medical developments.

82 Sponsored numerous scientific conferences and seminars in 1990, on topics ranging from DNA probe technology to family violence.

83 Revises and publishes *Drug Evaluations (DE)*, a comprehensive, authoritative source on the clinical use of drugs.

84 Maintains the largest socio-medical library in the United States, containing a vast collection of references on all aspects of medicine.

IN QUALITY ASSURANCE, AMA...

85 Provides efficacy data on drugs, devices, and procedures used in the practice of medicine through DATTA--Diagnostic and Therapeutic Technology Assessment program--the recognized leader in technology evaluation.

86 Published *Guidebook on Uses of Mortality Data* for QA professionals, providing comprehensive information on how to make effective use of mortality data issued annually by HCFA.

87 Developed the *QA Review* newsletter, based on actual practice experience.

IN PRACTICE MANAGEMENT, AMA...

88 Presents management workshops for you and your office staff on non-clinical topics including Insurance Processing and Coding, Medical Collection Management and Gearing Up for Retirement.

89 Publishes the *Opportunity Placement Register* (including practices for sale) for physicians seeking long-term employment.

IN MEDICAL ADVOCACY, AMA...

90 Filed an *amicus curiae* brief in the U.S. Supreme Court to help establish a sensible national policy on the use of life-prolonging technology for patients in a permanently unconscious state.

91 Explored strategies for improving the quality of science education in America's schools, through the National Initiative for Science and Technology Education.

IN MEMBER SERVICES, AMA...

92 Offers a special, easy-access 800 number to AMA members only--answers any question or fills requests immediately. Simply call 1-800-AMA-1452.

93 Developed the Physician Negotiation Office to help educate AMA members about antitrust laws.

94 Gives you an opportunity to influence the future of medicine, through AMA's powerful and respected voice in Congress and the courts.

95 Offers members a 20% discount on virtually all AMA products and services, including high quality CME, scientific and socioeconomic publications and practice management information.

96 Publishes the *Member Matters* newsletter--monthly updates of AMA actions taken on behalf of members.*

97 Created the *AMA Member Guide to Benefits and Services* to make it easy for you to learn about all the AMA resources available to you.*

98 Offers a variety of financial and investment services tailored to your needs as a physician, including the AMA-sponsored Prudential Home Mortgage Service, and AMA Investment Advisers, Inc.

99 Developed the *AMA All Products Catalog*, enabling you to order the AMA products you need from one convenient source.*

100 Offers the new AMA/National Physician Credentials Verification Service in selected areas, enabling you to establish a permanent file of core credentials that can shorten and simplify the application process for licensure and privileges.

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MEDIGRAM

HOUSE OF DELEGATES ELECTS NEW LEADERS

State Society policy priorities and the leaders to carry out those priorities were determined at the annual House of Delegates meeting in October. Gathering at the Hershey Lodge and Convention Center, the delegates inaugurated Gordon K. MacLeod, MD, Pittsburgh, as president and elected Donald G. Ferguson, MD, Allegheny County, vice president. Former Vice President Robert N. Moyers, MD, is now president-elect. Retained as speaker of the house and vice speaker, respectively, are Jonathan E. Rhoads, MD, and Howard A. Richter, MD. Reelected to the State Society Board of Trustees are John W. Lawrence, MD, Second District; Frederick G. Brown, MD, Fourth District; Herbert C. Perlman, MD, Fifth District; Ferdinand L. Soisson Jr., MD, Eleventh District; Steven S. Nemerson, Medical Student. Brenda K. Bauman, MD, representing the Young Physicians Section, was elected to a newly created full voting position. Reappointed as Board officers were John N. Hobart, MD, chairman, Martin A. Murcek, MD, vice chairman, and Ferdinand L. Soisson Jr., MD, secretary. In other business, a $20 dues increase was approved for 1991.

CAT FUND SURCHARGE INCREASED FOR 1991

Insurance Commissioner Constance Foster has approved the filing of the Medical Professional Liability Catastrophe Loss Fund (CAT) for a 68 percent surcharge, up from last year's 50 percent surcharge. The CAT Fund lowered the amount from a requested 75 percent surcharge following discussions with the State Society. Although the surcharge is greater than last year's, in many cases a physician's total premium (basic and surcharge) will not increase proportionately because many basic carriers, including PMSLIC, are implementing premium reductions in 1991. The surcharge is based on the premium for basic professional liability coverage. It maintains a fund from which awards exceeding the basic limits of $200,000/$600,000 are paid.

NEW SOCIETY PRESIDENT ATTACKS DEFICIT PLAN

Newly inaugurated State Society President Gordon K. MacLeod, MD, criticized the federal deficit reduction plan as decreasing health care access for those who can least afford it. He said that direct budget cuts of $10 billion will affect Medicare recipients, and cuts of $30 billion in hospital and physician services will affect the elderly. He predicts the problem will compound, accelerating through 1995 because of the structure of the cuts. He said, "Hospitals, clinics, and medical practices on the edge of economic viability will be pushed over the brink."

BOARD OF TRUSTEES SETS 1991 PRIORITIES

The State Society's Board of Trustees at its reorganizational meeting in October approved a list of priority issues to guide projects during 1991. They are: tort reform, third-party reimbursement problems, study of solutions to care for the medically uninsured and underinsured, substance abuse information and education, membership, and public health issues. A total of 14 resolutions, nine of which originated in the Society's House of Delegates, will be referred to the AMA House of Delegates, December 2-6, in Orlando, Florida.

DR. MACLEOD CALLS FOR HEALTH FORUM

Saying that the broad spectrum of health care providers in the Commonwealth needs to end their isolation, State Society President Gordon K. MacLeod, MD, called for a forum of health care providers as soon as feasible after the November general election. Plans for a meeting early in 1991 are under consideration.

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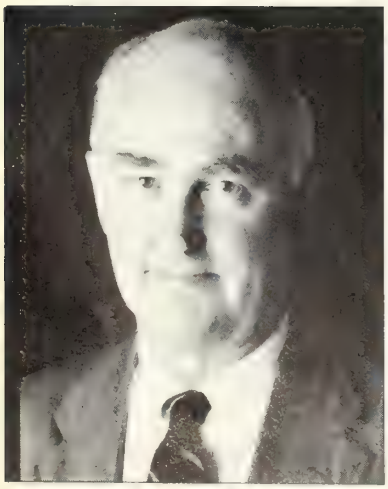
PRESIDENT'S PAGE

LEADERSHIP DEVELOPMENT PRIMARY CONCERN

Gordon K. MacLeod, MD



This article is, in effect, an invitation for all Pennsylvania physicians to join and participate in the leadership of the Pennsylvania Medical Society. In preparing for the presidency of the Pennsylvania Medical Society, I gave much thought to the leadership of medicine in the Commonwealth: your needs as members, the problems we face, and the opportunities which may be disguised as problems. A significant number of the actions already taken and those I intend to take are designed to articulate my vision of the Society. A key element in this vision is the nurturing of new talent, and the involvement of the full panoply of physician resources in the Commonwealth.

I studied the findings of the all-member survey and the focus groups and heard you say that Society leadership is too inbred and inaccessible. Responding to that concern, I used the power of appointment in the Society's principal committees. In each of the five councils—Governmental Relations, Medical Economics, Education and Science, Medical Practice and Membership—I appointed new chairmen to bring fresh ideas and a bias for action.

I also studied the changing demographics of medicine and insisted that the councils, committees, and commissions reflect the new physician population. In leadership positions on these bodies you will find private practitioners, academic physicians, women physicians, and young physicians, as well as a resident physician and a student.

My experience on the Board and as chairman of the Society's Committee on Long Range Assessment has led me to consider the entire spectrum of health care in Pennsylvania, from practicing in private offices to medical schools and to the workplace.

My conclusion is there are significant gaps in our current representation of medicine. These gaps are no longer tolerable. Today, virtually all aspects of medicine, from the practitioner in the private office to the occupational physician in the workplace to the academician at the university medical center, are linked. They are linked, for example, by common issues such as government interference and third party intervention into the practice of medicine. Our response then must be to build the entire body of organized medicine and to equip it with outstanding leadership.

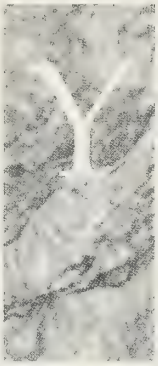
The issue of leadership is germane to all areas of medicine. Community practitioners are long-time participants at all levels of leadership in organized medicine. The occupational physician has had leadership thrust upon him by virtue of cost shifting. The academic physician has long been a lonely leader combining excellence in training, service, and research activities.

As to preparation for leadership, the Society's Board took a promising step this year with the authorization of the Institute for Physician Leadership, administered by the Society's Educational and Scientific Trust. By participating in the institute, emerging leaders in organized medicine, at county, specialty, and state levels, can sharpen their skills in problem solving and team building under the tutelage of nationally recognized trainers.

Every physician who volunteers precious time to organized medicine must be given an opportunity to make the maximum contribution; no creative, leadership abilities should be left untapped. When we unite all medical disciplines under the banner of organized medicine, and provide trained leadership, we will become an unbeatable force. These are issues I intend to stress.

I want to assure that the leaders in organized medicine are supported by adequate legal manpower to block the pernicious assault on clinical medicine by misguided legislators. Recent increases in the number of state government attorneys assigned to health regulation must be countered by an appropriate response from PMS. Our record in the courts is excellent and I want to keep it that way.

Finally, I can lead only where you are willing to follow and to the extent that I am in harmony with your needs and wishes. To do this I must hear from you. To assist you in keeping me on course we have provided you with the toll free number: 1-800-228-7823. Feel free to contact me personally to discuss issues of concern.



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EDITORIAL

THREATS AND BETS

J. Mostyn Davis, MD

How fragile the craft we practice—seasoned combination of hard science and compassionate care, modified by intimate knowledge of our patients, their circumstances, and personalities. Would it not be much more pleasant and productive if we could ply our craft without influences which tend to interfere with and overshadow the joys of the practice of medicine? We are constantly dealing with intrusions that come between us and our patients—governmental gobbledygook, media monkey business, insurance (form) inundation, hospital harassment, and on and on!

Were it not for all of these time-consuming, stress generating outside pressures, the care my patients receive from me would improve. I know it would be much more fun to practice. My real joy in professional life comes from the care of patients.

But we are told that to keep our profession free, we must become politically active and learn to badger legislators effectively. To maintain our hospital privileges, we must participate by serving on committees, "dialoging" with administrators and nursing directors, and getting elected to hospital policy groups.

Have we become paranoid? Perhaps so, but despite the crying and moaning about how we are misunderstood, interfered with, unappreciated, and abused, it takes our patients but one pass of our (reserved) hospital parking lot to notice the Mercedes, Ferraris, and Lincoln Continentals. If the patient should call on Wednesday afternoon to seek help with a sick child, an answering service responds that the doctor is out of the office Wednesday afternoons and asks the patient to go to the nearest emergency room if the illness is severe! It is very difficult for our patients to feel sorry for us.

Have we become less sensitive to the needs of our patients? This is what I believe to be the prime problem! Although I do not believe *Vox Populi est Vox Deo,* we must be doing something wrong to enkindle the degree of resentment toward us that exists. It is my estimation that we have become bewitched by that siren, science, and that we have forgotten that although people are made up of organs, it is the organs' owners that we need to treat. The animosity toward the medical profession in America today tells us to reevaluate our position and make some behavior changes. There is little question what our patients want from us. They want our attention!

To understand where we should be going, it may help to look at some of the changes taking place today in the medicine we are practicing! The role of American physicians has been changing. We physicians seem to be held responsible these days for everyone—all the time! Great emphasis is placed on health "maintenance" and "preventive" medicine. Although interesting and intriguing, and definitely good concepts, achieving these goals is not really the function of physicians, nor was it ever! We are trained to care for sick people one at a time. Although treating disease in this manner is not very efficient, that is what doctors do. Not since Chinese physicians of thousands of years ago were paid to keep their patrons healthy has such a program been in vogue.

Physicians must remember that their primary function is to heal. The function of business is to make money. Both are necessary functions and are not mutually exclusive, but their privacy must be

The author represented the Fourth District on the Society's Board of Trustees from 1981 to 1987 and served as chairman of the Publication Committee for two years. He currently is medical editor of Keystone Physician, *the official publication of the Pennsylvania Academy of Family Physicians.*

maintained. The making of money is not a measure of a physician's worth. What medicine has to offer is wisdom, hope, skill, and sympathy—which have no price tag.

Cost effectiveness cannot be applied here. The practice of medicine is not any better or worse than any other human endeavor; it is just different! We need to remember that money is a poor substitute for integrity. Some doctors feel that special compensation is due us (the implication is that physicians are higher quality than others in society). We live in times when the work ethic that built this country is gone. Sloppy work, no loyalty, thoughts of how to get out of work—we must monitor our residency programs for these weaknesses. Even today I hear complaints about long hours, poor pay, no respect, awful food, and on and on, from residents. It does not help to tell them that my resident's pay was $50 a month with every other night on call. Medicine was different then, they claim.

I agree that today's stresses are different and that there is much more to learn. But medicine, with a capital "M", has not really changed. There still are sick people, and there still are people who dedicate their lives to helping them. Incoming medical students should understand that medicine is a difficult taskmaster, and those who enter that portal should not do so because of the cars, boats, fine houses, or prestige!

It is time that we take full responsibility for our group characteristics and behavior. We can begin by cleaning up our act. The issues are too big and the stakes too high for us to allow ourselves to be sidetracked by a sectarian spirit. There are threats against the profession that suggest to doctors that they must kowtow to the government's mandates or face further legislation. There also are bets that we cannot regulate our own profession. We must act together to show them.

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MEMBERSHIP NUMBERS HOLD IN UNIFICATION

Membership in the Pennsylvania Medical Society stands at 19,649. In this first year following unification with the AMA, the decline in State Society membership by 833 active members is well below the Society's projections of 1,000 members. Due to increases in categories other than principal dues paying members, total membership has fallen by only 707 members. Unification means that members are required to pay dues to the AMA in order to maintain membership in the State Society.

The Council on Membership is surprised and gratified with the acceptance of the "strength in unity" membership promotion effort, and the fact that some counties continue to experience membership growth.

In addition to 13,440 principal dues-paying members, the Society currently has 6,209 reduced or non-dues paying members (resident physicians, medical students, military, disabled, associate and affiliate). Since the implementation of a massive recruitment effort in 1983, membership has grown annually by about 4.4 percent and slowed to 3.34 percent during 1989-90. Prior to 1982, the annualized growth was only .9 percent.

While unification has temporarily slowed the State Society's growth, by the end of 1991 the Society should have recouped all of its losses and will be adding new members at the same rate as during the growth years of the 1980s.

Through membership surveys, the Council on Membership has identified factors that contribute to a physician's decision not to join the State Society. "The main difference between nonmembers and members is that nonmembers are less informed about the activities of organized medicine," the Council found. Since the more a member knows about the organization, the more likely he or she will be to join, educating nonmembers is crucial to recruiting strategy.

During 1991, the State Society plans to improve its visibility not only with members but also with nonmembers, particularly in targeted groups. Because the greatest concentrations of nonmembers are in metropolitan areas, identified groups of nonmembers in 12 metropolitan counties will receive membership promotional materials. Those of primary interest to organized medicine include resident physicians, women physicians, international medical school graduates, physicians in practice groups, medical students, medical school faculty, and hospital-based physicians.

Nonmember physicians who practice in groups are of particular interest to organized medicine. According to the AMA Department of Membership Marketing, more than one of every four physicians now practices in a group of three or more physicians, and that number is increasing. The AMA is considering options to attract and retain these physicians.

The State Society's member recruitment program continues its efforts this fall. Two direct mailings were sent to more than 5,000 nonmember practicing physicians who are 45 years old or younger. The package contained a letter highlighting important issues facing physicians today, application materials, plus an informational pamphlet individualized to each physician's county and residence. A telegram-type recruitment message was sent to AMA members in Pennsylvania who previously were not members of their state and county societies, and the annual

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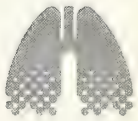

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1. Brantly ML, Paul LD, Miller BH, et al: Clinical features and history of the destructive lung disease associated with alpha-1-antitrypsin deficiency of adults with pulmonary symptoms. *Am Rev Respir Dis* 1988;138:327-336.
2. Wewers MD, Casolaro MA, Sellers SE, et al: Replacement therapy for $alpha_1$-antitrypsin deficiency associated with emphysema. *N Engl J Med* 1987;316:1055-1062.

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fall student outreach program in the medical schools has been launched.

NEW PRESIDENT APPOINTS COUNCILS, COMMITTEES

State Society President Gordon K. MacLeod, MD, has appointed the following physicians as members and officers of the Society's councils, commissions, and committees for the 1990-91 term:

Council on Education and Science:
Chairman Gilbert A. Friday, MD (Allegheny); Vice Chairman Blairanne H. Revak, MD (Columbia); Mary Jo Bonner, MD (Berks); Gilbert Brenes, MD (Allegheny); David R. Brill, MD (Montour); Richard L. Decker, MD (Blair); Robert J. Fagioletti, MD (Washington); David D. Gerbracht, MD (Erie); Angelo P. Giardino, MD (Philadelphia); Stanley P. Mayers Jr., MD (Centre); John H. Moyer, MD (Cambria); Tomas A. O'Boyle, MD (Lackawanna); R. Douglass Ross, MD (Philadelphia); Morgan T. Smith, Jr., MD (Montgomery); Russell J. Stankiewicz, MD (Union); Frederick S. Sunderlin, Jr., MD (Montour).

Commission on Accreditation:
Chairman Frederick S. Sunderlin Jr., MD (Montour); Vice Chairman Carl A. Frankel, MD (Dauphin); Harris R. Clearfield, MD (Philadelphia); Dean F. Dimick, MD (Lehigh); Walter I. Hofman, MD (Montgomery); Earl R. Miller, MD (Lycoming); Robert S. Pyatt Jr., MD (Franklin); John H. Surry, MD (Dauphin).

Commission on Bioethics:
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Commission on Manpower:
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AMA TO ARBITRATE BETWEEN PRO, SUPERPRO

The AMA has won a contract by HCFA to adjudicate disputes between local peer review organizations (PRO) and the SuperPRO. The AMA has announced that a recent HCFA (Health Care Financing Administration) contract will provide a means for organized medicine to oversee the peer review program.

The AMA's role will be to act as a "watch dog" for the SuperPRO by reviewing 1,000 cases of disputes between the PRO and the SuperPRO over the next 12 months. National medical specialty societies and state and county medical societies have been asked to recommend physicians to conduct these reviews.

Through this involvement, the AMA hopes to provide positive influence for

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Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

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Dosage and Administration: Experimental dosage reported in treatment of erectile impotence.[1,3,4] 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.[3]

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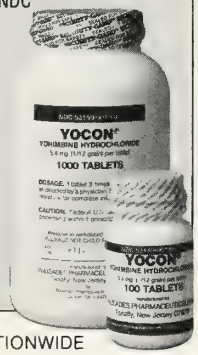

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3. Weekly Urological Clinical letter, 27:2, July 4, 1983.
4. A. Morales et al., The Journal of Urology 128: 45-47, 1982.

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Delaware Leader Honored by AMA Award

Mary Ann Arty, chairman of the Delaware County Council, is one of eight recipients of the American Medical Association's 1990 Nathan Davis Awards for contributions by public officials to advancing U.S. health care.

The Springfield resident was cited for her efforts to protect the public through health safety awareness programs, health education, and preventive action campaigns. She was nominated by the Delaware County Medical Society and the Pennsylvania Medical Society. In previous years during several terms in the Pennsylvania House of Representatives, Chairman Arty, who is a registered nurse, demonstrated leadership in health issues.

The awards, recognizing public health education efforts by elected and career public officials, are named for Nathan Davis, MD, AMA founder and first editor of its *Journal of the American Medical Association*. The first awards were presented in 1989. This year, other recipients are Senators Edward M. Kennedy (MA) and Orrin G. Hatch (UT); Congressman William H. Natcher (KY); Secretary of Health Louis W. Sullivan, MD; Ruth Kirschstein, MD, director of the National Institute of General Medical Science at the National Institutes of Health; Ohio State Senator David L. Hobson; and M. Joycelyn Elders, MD, director of the Arkansas Department of Health.

Medical Society Joins State Drug Abuse War

The State Society has joined with the statewide legal, labor, and business communities in support of a foundation to assist Pennsylvania employers and others in preventing drug abuse. The "Foundation for a Drug-Free Pennsylvania" will serve as a resource consultant and conduit for financial contributions for anti-drug efforts.

The foundation, incorporated in early September with temporary headquarters at the Harrisburg offices of the Pennsylvania Business Roundtable, is the nation's first statewide pooling of private and public financial and volunteer support for the war on drugs. State government will provide technical assistance and information and referral services, with access to the services of the Office of the Attorney General and to the Drug Policy Council. The medical and legal communities will provide leadership in drug education and use prevention.

Representing the Society on the Foundation's board is Lee H. McCormick, MD, chairman of the Society's Task Force on Drug Abuse. Victor F. Greco, MD, 12th district trustee, and Roger F. Mecum, executive vice president, attended the incorporation meeting and following news conference.

The foundation is based on the concept that the private sector has more flexibility in responding to the drug problem than the public sector. By combining the efforts of employers and unions, the foundation hopes to reach the greatest number of people—employees and their families. At the same time, the medical and legal communities have expertise and influence to affect attitudes and lifestyle changes.

In addition to the Business Roundtable and the State Society, other incorporators whose representatives will serve on the foundation's board of directors include: Pennsylvania Chamber of Business and Industry, Pennsylvania Manufacturers' Association, Pennsylvania Bar Association, Citizen's Crime Commission of Delaware Valley, Manufacturers' Association of the Tri-County (MATCO), Manufacturers' Association of South Central Pennsylvania, and the Pennsylvania AFL-CIO.

Legislation to Aid Rural, Urban Indigent

In response to concerns among physicians, legislators, and rural leaders, the State Society has acted to aid uninsured and rural Pennsylvanians. The Society will introduce a legislative package in January and has endorsed Senator John Peterson's access to care legislation.

In a joint meeting in early September, members of the Society's Task Force on Rural Health and the Task Force on Family Practice discussed access to care legislation, especially that affecting rural areas. Senator Peterson's (SB 1653-59) legislative package, and companion House Bills 2813-19, advocate steps to improve rural medical services, graduate more primary care physicians, and induce more physicians to choose rural practice.

SB 1653 would increase to 20 percent from 10 percent state funding of emergency medical services in rural areas. The Rural Medical Scholarship and Loan Fund, SB 1654, would provide financial incentive for physicians to train in primary care and practice in underserved areas of the state. SB 1655 creates a Bureau of Rural Health, and SB 1556 asks that medical schools and osteopathic medical colleges increase to 25 percent the percentage of each graduating class entering family or general practice residencies. SB 1657 would allow an MD license without restriction after one year of approved graduate training.

Because the concerns and activities of the two task forces are similar and often overlap the Society's Board of Trustees has approved their merger.

Abortions in State Up 1.1 Percent Last Year

The number of abortions performed in the state rose 1.1 percent last year over 1988, the health department reports. A total of 51,341 abortions were performed in 142 Pennsylvania facilities in 1989.

The 1989 statistics were compiled from the new individual reporting system required by state law. From 1974 to 1988, the law required that abortion statistics be based on quarterly summaries filed with the department by each facility.

The 1989 totals are almost 14,500 lower than the 65,777 abortions reported in 1980. That year was the highest since 1975, the first full year that facilities were required to report abortions to the department.

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Nearly all abortions in 1989, 94.4 percent, were performed in the first 14 weeks of pregnancy. In 1988, 93.6 percent of all abortions were performed during the first trimester. Women age 19 and younger accounted for 25.2 percent, or 12,942 of the abortions performed in 1989, a decrease of 1,164 from 1988. As in previous years, the largest single age group was 20-24, accounting for 17,044 or 33.2 percent of all 1989 abortions. Sixteen abortions were done on children 12 years or younger.

Philadelphia and Allegheny counties recorded the largest numbers of abortions performed, 18,097 and 13,299 respectively. Delaware County was third with 3,034 reported, followed by Dauphin with 4,760 and Lehigh with 4,901.

INSTITUTE TO SHARPEN PHYSICIAN LEADERS' SKILLS

Leadership training will break the isolation of physicians in their clinical world and equip them to deal with the ambiguities of social and economic changes, according to the State Society's Educational and Scientific Trust. In partnership with the Society, the Trust developed the Institute for Physician Leadership to reach that goal. The State Society will provide a member to serve on the Institute's advisory committee and will contribute $20,000 per year for three years.

During the next 12 months, the Trust will offer a series of six seminars to teach leadership theory and techniques. In addition to training for county and specialty medical society leaders, seminar topics will include: "The Physician as Communicator," to discuss principles of effective verbal communication; "Leading for High Group Performance," training for county and specialty officers and chairmen; "Effective Boardsmanship in Medicine and the Community"; "Analysis of the Leadership Dynamics in the AMA House and Board"; and "The Challenges of Medical Staff Leadership."

The Institute was conceived in 1987 by J. Joseph Danyo, MD, then chairman of the Society's Board, who said that the increasing intrusion of government and third parties into the practice of medicine calls for more trained physician leaders. His proposal was researched and developed by the Trust, which concluded its feasibility study in June 1990 with a brainstorming session by physician leaders, consultants, and staff. Physician leaders, in addition to Dr. Danyo, included Gordon K. MacLeod, MD, State Society president elect, and Abram M. Hostetter, MD, chairman of the Trust.

The study surmised that to create unity within medicine and develop a vision of the future, the State Society needs new physician leaders equipped with group leadership and team building skills. Formal leadership training is not offered in current medical undergraduate or graduate programs, or elsewhere.

Governance of the Institute is through an advisory committee composed of representatives from each unit served, and a partnership council composed of representatives from each financial contributor. Other partners include the Family Health Foundation of the Pennsylvania Academy of Family Physicians, and Jefferson Medical College.

HEALTH DEPARTMENT USES FDA GENERIC DRUG LIST

After 12 years of use, the state health department's generic drug formulary has been replaced with the listing of generic drugs approved by the federal Food and Drug Administration (FDA).

Under the new law effective September 10, physicians and pharmacists are to use the FDA's "Orange Book" when prescribing generic drugs. Only drugs listed in the "Orange Book" may be substituted; however, any generic drug, whether or not listed in the FDA book, may be prescribed by a physician as long as it is prescribed by its generic, or branded generic, name.

While consumers are unlikely to notice the change, the health department expects the switch to speed the availability of federally approved generic drugs for substitution in Pennsylvania.

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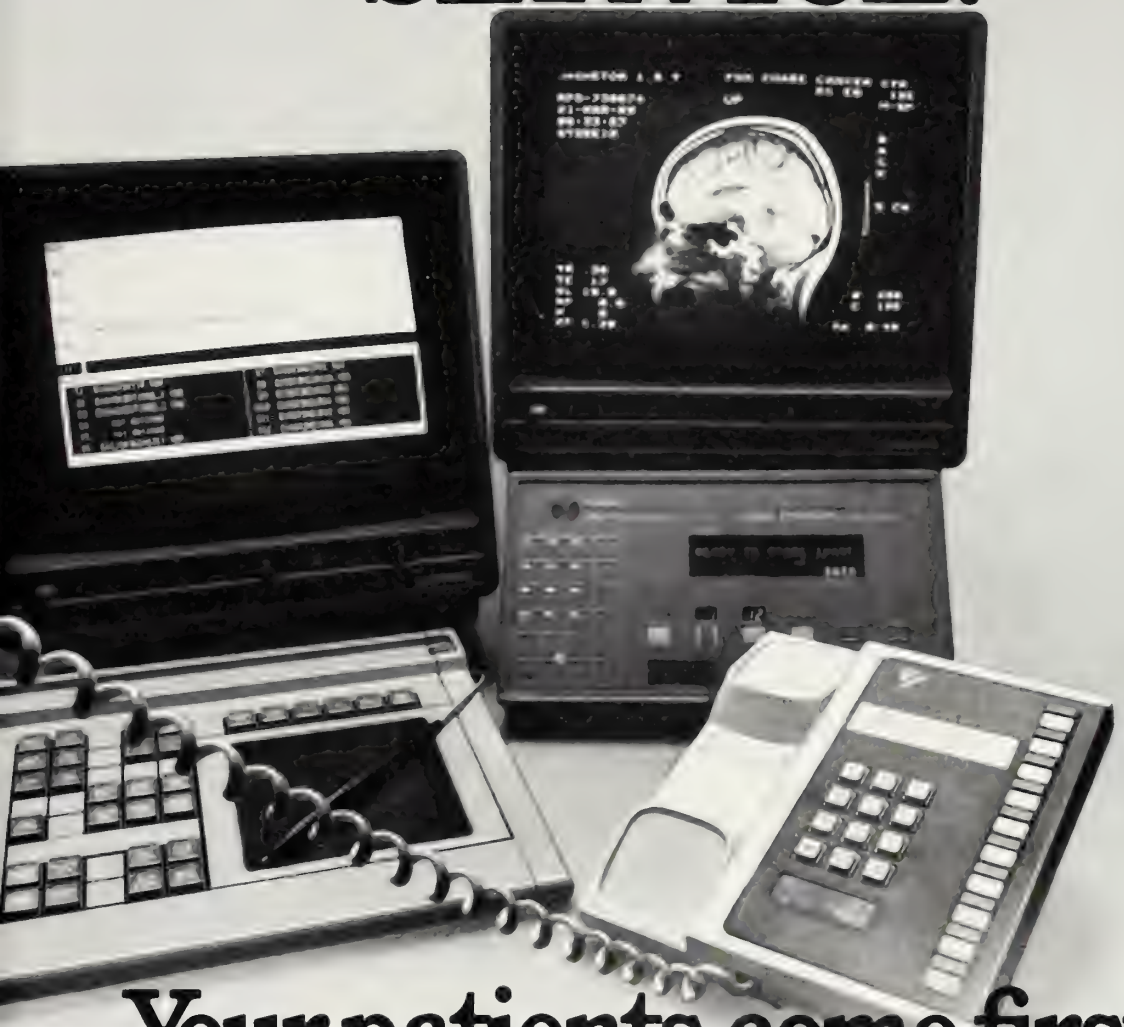

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Elaine S. Herrmann

Silver-haired and speaking in a carefully modulated, slightly British accent (acquired after his parents left his native Cleveland, Ohio, for London, England, where he was subsequently educated), A. John Smither could play the part of an Oxford professor. But rather than discussing philosophy or Shakespeare, he speaks with conviction of the insurance needs of physicians practicing medicine in the treacherous waters of today's medical-legal environment. He sees his task as president and chief operating officer of the Pennsylvania Medical Society Liability Insurance Company (PMSLIC) as that of guiding physicians through the shoals of an increasingly litigious society and a fluctuating insurance marketplace.

He derives his enthusiasm, unabated after a 42-year career in the insurance industry, from a belief in PMSLIC's mission as a physician-owned, not for profit provider of malpractice insurance. "I think it's a significant show of the support we (PMSLIC) receive from (Pennsylvania) physicians that despite AMA unification, we've seen a net gain in new policyholders that is 50.6 percent higher than last year," he says. 1989 was the fourth year in a row in which the frequency of newly reported malpractice claims and suits steadily decreased. The severity or cost of settling claims and suits continued to climb during that period but at a more modest rate than had been experienced previously.

Since entering the business as a company underwriter trainee in 1948, Mr. Smither has seen many sides of the industry, from underwriter, to broker, to regulator. He spent six years with the Pennsylvania Insurance Department, including three months as acting insurance commissioner. For the past 20 years he has specialized in physicians' professional liability insurance, and has served as president of PMSLIC since 1978.

Betty L. Cottle, MD

A. John Smither

Buyers beware

Mr. Smither attacks the question of what makes PMSLIC unique compared to commercial malpractice insurers by pointing to its crisis origins. PMSLIC began as a "different sort of an insurance animal," he says. It was established following the exodus of commercial insurance companies from the professional liability field in the 1970s. In 1967, from a peak of over 100 companies nationwide, the market dropped to fewer than a dozen. "It is very important to remember that the days immediately preceding PMSLIC's creation were desperate times for physicians in Pennsylvania," notes PMSLIC Board Chairman Betty L. Cottle, MD in PMSLIC's 1989 annual report.

Physician owned companies were created as the commercial carriers pulled

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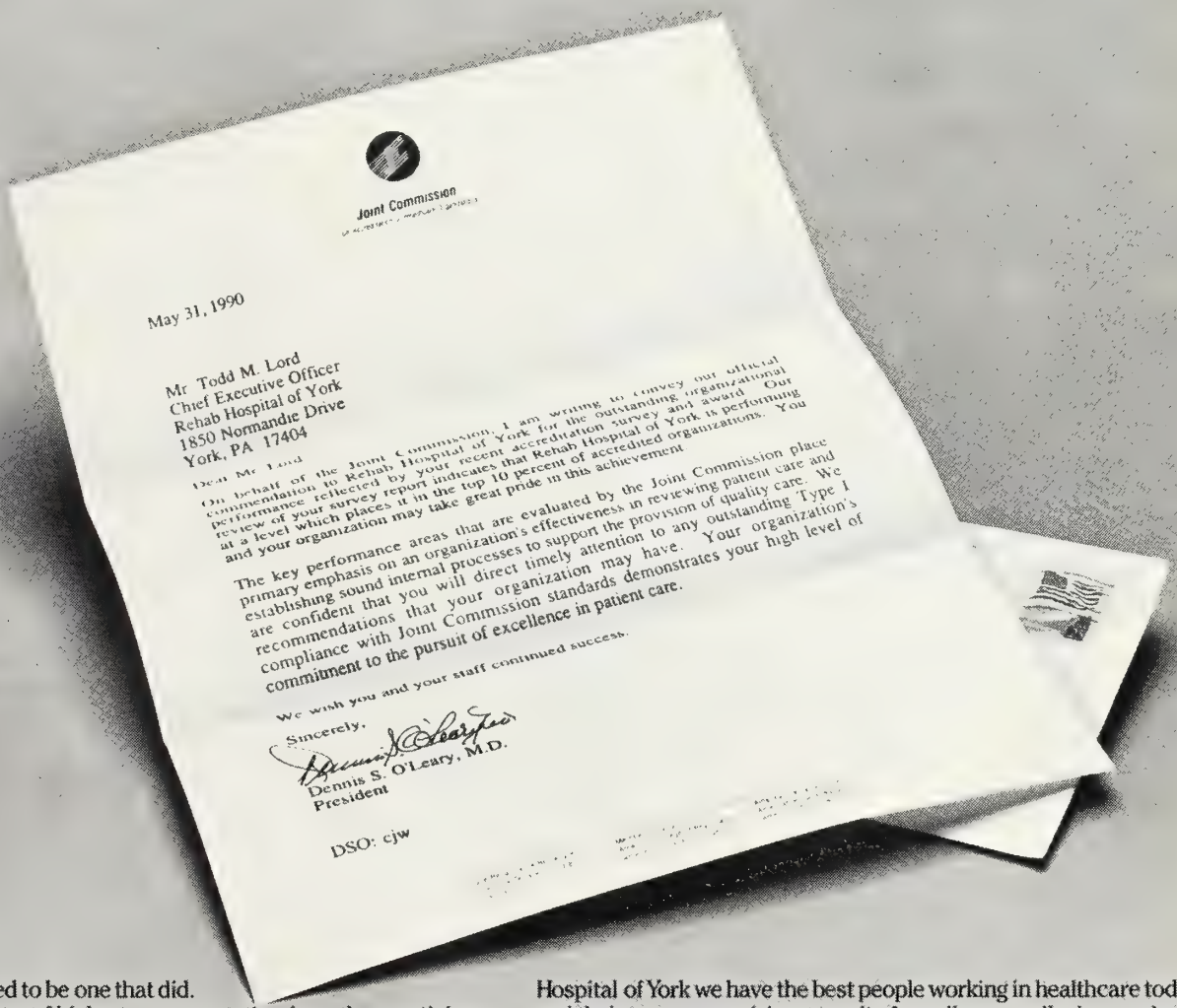

Joint Commission

May 31, 1990

Mr. Todd M. Lord
Chief Executive Officer
Rehab Hospital of York
1850 Normandie Drive
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Dear Mr. Lord

On behalf of the Joint Commission, I am writing to convey our official commendation to Rehab Hospital of York for the outstanding organizational performance reflected by your recent accreditation survey and award. Our review of your survey report indicates that Rehab Hospital of York is performing at a level which places it in the top 10 percent of accredited organizations. You and your organization may take great pride in this achievement.

The key performance areas that are evaluated by the Joint Commission place primary emphasis on an organization's effectiveness in reviewing patient care and establishing sound internal processes to support the provision of quality care. We are confident that you will direct timely attention to any outstanding Type I recommendations that your organization may have. Your organization's compliance with Joint Commission standards demonstrates your high level of commitment to the pursuit of excellence in patient care.

We wish you and your staff continued success.

Sincerely,

Dennis S. O'Leary, M.D.
President

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We're honored to be one that did.

It's a letter of highest commendation from the prestigious *Joint Commission of Accreditation of Healthcare Organizations.* And it signifies Rehab Hospital of York's status as among the top ten percent of all accredited healthcare organizations in the United States.

While we've always been proud of our comprehensive rehabilitation services and our unrivaled record of getting positive results for our patients, this honor is particularly meaningful. It validates something that we've always believed. At Rehab Hospital of York we have the best people working in healthcare today, and their uncompromising pursuit of excellence really does make a difference for our patients.

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out of the malpractice market and medical societies organized to pool their members' resources. With no guarantees and limited capitalization, the idea of a physician-owned medical malpractice insurance company was a "radical mechanism at the time; but the concept has flourished," says Mr. Smither.

By 1989, there were 43 physician-owned or directed medical professional liability insurance companies writing in 34 jurisdictions nationwide. These companies now insure about 62 percent of the practicing physicians in the nation. All are affiliated with the Physician Insurers Association of America (PIAA), a national organization in its thirteenth year. The PIAA serves as a forum for its member companies to share information, study issues of common concern and seek long-range solutions to professional liability problems.

A feeding frenzy

Commercial company competitors—including risk retention groups, a relatively new insurance mechanism created by federal legislation—are increasing the pressure as the professional liability insurance field endures another cyclical "feeding frenzy" in recent years, John Smither says. These commercial companies, in order to secure an immediate market share, have under-priced their malpractice insurance products. He cautions that rates substantially lower than those of physician-owned companies usually signal that a company is undercutting the market cost, creating increased risk for its potential customers. "We've (PMSLIC and PIAA member companies) been compiling statistics and analyzing loss experience for many years; we know when they're underpricing," he says. "Remember that insurers make their money over many years; at the end of a profitable cycle most will abandon the market, which is what happened in the 1970s.

"When you buy insurance, you are buying an intangible: you don't have a product in hand to show. You have nothing but a promise to pay, perhaps years down the road. That's why buying insurance is different; you can't just look for the lowest price. Some physicians come to us and say, 'Why are your rates so high?' I would answer them, 'you should be asking our competitors why their rates are so low.' We are not for profit. We have a board of physicians making decisions for us; why would those physicians want to gouge their colleagues in the medical community? What possible reason could they, and all the physicians who serve on PMSLIC committees, have for setting premiums higher than necessary? Physicians ought to be asking these questions, and they should ask our competitors why their rates are so low. Physicians ought to be leery of any company that can drastically undercut us. Where will that company be 10-20 years from now, when the doctors they insure need them?

Because PMSLIC is not for profit, Mr. Smither says, the company can decide the defensibility of claims based on principle and sound medical practice, rather than financial expediency. "Over the years, the plaintiffs' lawyers have come to know this—that a case which PMSLIC has concluded is medically defensible will not be settled out of court—and it has made a difference in and out of the courtroom" which benefits PMSLIC insureds.

He credits the personal response that insureds receive from a physician-owned company as the key to keeping them. "Just recently, I went into our counsel's office to ask her a question, and she was on the phone with a very distraught physician. He wanted to know which record keeping procedures to follow to insulate himself against liability in a delicate case concerning a patient's marital problems. He was able to pick up the phone and speak to an attorney immediately, at length, because he has PMSLIC insurance. You can't do that with any (commercial) insurance companies that I know of."

Keeping in touch

Personal attention to members' calls is one charge to PMSLIC's staff of communicators and specialists. Another equally important service is dissemination of risk management information. In addition to policy information and updates, members receive several quarterly newsletters, including *Consult, Patient Rx Newsletter,* and the *PMSLIC Pulse,* which provide professional viewpoints concerning malpractice issues.

A new offering this fall from PMSLIC's Risk Management Department is a booklet entitled, "The Physicians' Medical-Legal Guide for the Office," which answers commonly-asked medical-legal questions. The booklet was mailed to all PMS members in September.

PMSLIC's affiliation with the PIAA is a benefit for insured physicians because of the association's research and statistics sharing, and management education projects. This communication networking also benefits all State Society members, says Dr. Cottle in the company's annual report. Since 1985, 21 PIAA member companies, including PMSLIC, have contributed malpractice claims information to a central data bank as participants in the PIAA Data Sharing Study. The study provides member companies with cause of loss data from which claims trends can be identified and used in developing risk management initiatives not only to improve health care but also to reduce a physician's risk of being sued.

Benefits of this information-pooling are now coming to fruition in such studies as the "PIAA Breast Cancer Study," which warned physicians to listen more closely to women complaining of breast cancer lesions. The study, mailed to all PMS members in July 1990, found that in 69.2 percent of all malpractice suits arising from delayed diagnosis of breast cancer, the patient was the one who found the lump. In addition, women under 40 accounted for 58 percent of the $60.5 million paid for breast cancer claims. Since its release, the study has received national media attention.

PIAA membership also involves PMSLIC in PIAA-sponsored continuing education workshops for member company management staffs, and a PIAA legislation monitoring network in Washington, D.C.

The philosophy of physician-owned malpractice insurance companies differs from commercial carriers, Mr. Smither emphasizes, in that it is based on a commitment to physician involvement in the company's management. That commitment, combined with the risk management and research-sharing activities, makes such companies more solid investments for member physicians.

In addition to an interest in and support for AMA policies by PIAA, PMSLIC actively supports such PMS activities as the Physicians' Health Program, tort reform, and the annual Leadership Conference. Says Dr. Cottle in the PMSLIC annual report, "Our company's actions are determined according to what is sound medical practice—not what is profitable for stockholders."

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November 28, 1990
MEDICAL MANAGEMENT OF DEPRESSION AND ANXIETY
Gary Tollefson, MD, PhD
Associate Professor of Psychiatry
University of Minnesota, MN
Jonathan O. Cole, MD
Chief, Psychopharmacology Program
McLean Hospital, Belmont, MA

DECEMBER 1990

December 5, 1990
PTCA VS BYPASS GRAFT SURGERY FOR CORONARY ARTERY DISEASE
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Director, Likoff Cardiovascular Institute
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December 12, 1990
ABNORMALITIES OF THROMBOSIS AND THROMBOEMBOLISM
Daniel Deykin, MD
Chief of Medicine, Director, Health Services
Research and Development, Boston University School of Medicine
Boston VA Medical Center, MA

December 19, 1990
DIVISION OF PULMONARY MEDICINE AND CRITICAL CARE
Edward Schulman, MD
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8:30 a.m.–3:30 p.m.

November 7, 1990
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Edward M. Sewell, *Philadelphia*
University of Pennsylvania School of Medicine, 1947; age 67, died September 5, 1990. Dr. Sewell was a pediatrician.

Warren E. Smith, *Philadelphia*
Hahnemann University School of Medicine, 1957; age 68, died September 13, 1990. Dr. Smith was a psychiatrist.

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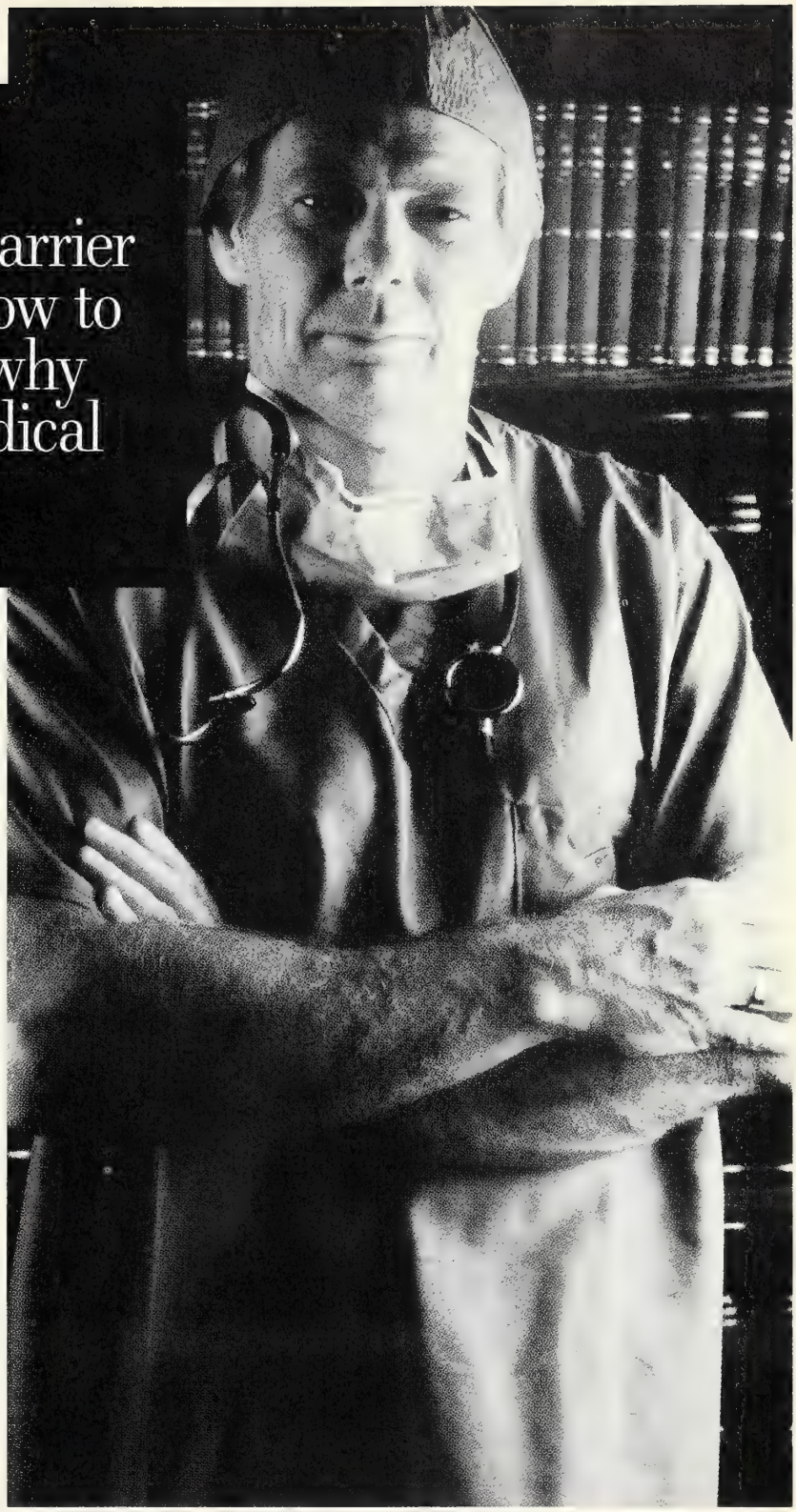

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KePRO REPORT

A DEFINITION OF SANCTIONS

Donald E. Harrop, MD

One of the most misunderstood terms used in the Peer Review Organization (PRO) program is the word "sanction." Many physicians and other providers believe a sanction to be any action taken by the PRO which assigns points and some required activity such as education, intensified review, or peer meetings.

While this may meet Webster's definition of a sanction, the Health Care Financing Administration (HCFA) or a PRO would define this action as an intervention. A number of possible interventions may be imposed when a quality problem is confirmed and a specific point level is reached, ranging from a notification letter from the PRO to *consideration* of sanction.

The actual sanction action is quite formal. It allows for considerable due process, including a meeting with a panel of peers, and legal representation, if desired. Sanctions are imposed on physicians and other providers, including hospitals, only for gross and flagrant or substantial violations, carry heavy penalties which may include monetary fines and exclusion from the Medicare program. PROs *do not* impose sanctions, but rather recommend them to the Office of Inspector General (OIG), which makes the final decision as to the severity of the violation and the penalty.

Although the possibility of sanction imposition is no doubt a frightening prospect for a physician or other provider, they should remember that it is not an every day occurrence. As can be seen in the accompanying exhibit, only four (4) sanction recommendations have been forwarded to the OIG in the five (5) years KePRO has been in existence. One (1) of these is under appeal and one (1) is pending a determination by the OIG.

The sanction process constitutes only a diminishingly small proportion of KePRO's efforts and carries an exceedingly small probability that any given physician or other provider will be involved. It is not KePRO's principal method of positive influence on the quality of health care delivery, but rather it is a mechanism employed to deal with otherwise intractable problems.

Dr. Harrop is president of the Keystone Peer Review Organization and a past president of the Pennsylvania Medical Society.

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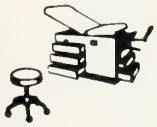

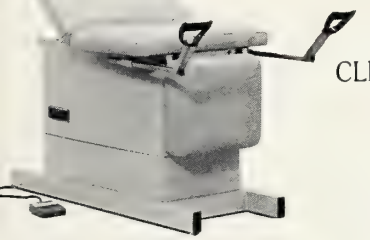

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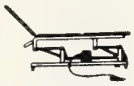

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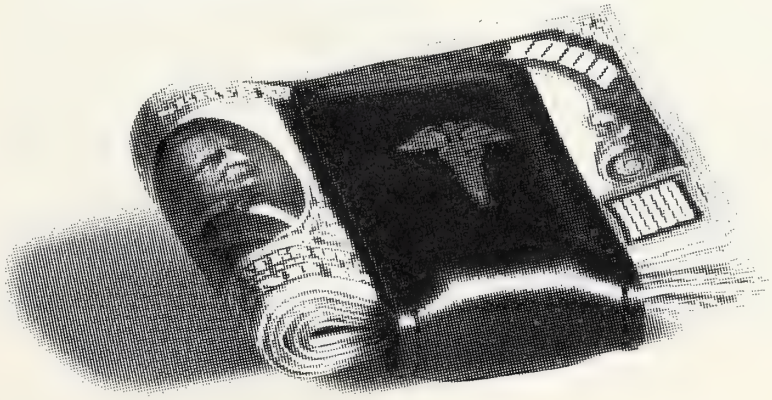

IN MY OPINION

IN MEMORIAM: DR. KARL A. MENNINGER

James F. Drane, PhD

In his lifetime, Karl Augustus Menninger was declared by the American Psychiatric Association to be "America's greatest living psychiatrist." An analysis of his long legacy, ending with his death on July 18 this year at age 96, reveals that he was also a classical Protestant moralist.

Even when he became less interested in the standard concerns of psychiatry, he never lost interest in the moral dimension of American culture. To the end of his life, he had the soul of an Old Testament prophet and spoke out prophetically at every opportunity against what he saw as individual and social evil.

The name Menninger became synonymous with psychiatry principally through the work of Karl A. Menninger. With his father and brother, William, he established the Menninger Foundation, world famous psychiatric center for research, education, and treatment of mental illness. A leader in psychiatry for over 70 years, he wrote more than a dozen books and hundreds of articles, gave numerous lectures, and directly helped thousands of psychiatric patients.

Man behind the writings

Persons with his intensity often become absorbed in their own professional perspective, seeing the world through narrow blinders. Not so Dr. Karl, as he was affectionately called by his students and colleagues. He argued often against the tendency in America to reduce behavior to a medical or legal category. Some people, he insisted, are not sick; they are sinners—not mad, but bad. Convinced that cultures as well as people can fall into sin and evil, he worried not only that individual Americans are losing their moral character, but that our entire culture is in danger of moral collapse.

The flavor of Karl Menninger the psychiatrist/moralist appears in some casual comments he made in 1980 about the infamous Reverend Jim Jones. The commentators on the awful incident in Jonestown, Guyana, used psychiatric terms to describe the man who led 909 people to their death, including 260 children. Karl Menninger said, "It is not a psychiatric problem: it is a moral problem. Jones was a wicked, corrupt, unscrupulous, and evil man. Why call him by euphemistic 'scientific'names? What do we gain by throwing around words like *paranoia* and *dementia* and *borderline* and a host of others?"

Psychiatric theory simplified

Karl Menninger was prolific and meticulous as a writer. His first book richly rewarded him for the pain and effort he put into it. *The Human Mind,* published in 1930, introduced the relatively new field of psychiatry to a vast lay audience in the American public. His careful, direct style cut through psychiatric jargon for the first time and helped ordinary people understand that abnormal behavior and mental disorders are treatable and sometimes curable.

The writings of Karl A. Menninger, the psychiatrist, serve as an important bridge between the basic work of Sigmund Freud and the narrower, medicalized approach to mental disorders popular today. His ideas of health and illness were informed by a broad humanistic vision of human life, which included biology, psychology, and sociology. Today's bio-psycho-social approach to mental illness looks at these same aspects of the patient and is an alternative to reductionistic biological psychiatry. When Dr. Menninger pioneered this broader view over 50 years ago, he insisted that a patient's presenting condition be looked at in terms of psychodynamics, psycho-economics, development, biology, and adaptation. He was influenced by Claude Bernard's ideas about the interaction between an individual's internal and external milieu, and by Adolf Meyer's view of mental illness as an unskillful reaction to external stress.

Most of all, Karl Menninger was influenced by Sigmund Freud's ideas about life as a struggle between creative and destructive forces; the life and death instincts, love and aggression. Stress causes aggressive, hostile, and destructive feelings and mental illness results when these are not handled effectively.

Like the American philosopher, Alfred North Whitehead, Dr. Menninger was a process thinker. He hated static dogma and resisted putting patients into fixed categories. For him the challenge to understand and help a patient was first and foremost a matter of understanding change.

During both World Wars Dr. Menninger was a consultant to the federal government on the mental problems of veterans. Looking at his thinking process and ideology as revealed in his books, it is not hard to understand how he came to view veterans' problems in terms of stress and ineffective stress responses. While he never ignored biological aspects, or the importance of psychiatric medications, his emphasis was always on those psychic and social processes that are so often ignored in trying to find a quick and easy fix for human distress.

He felt that the idea that all mental disorders are a matter of brain disorder or biology is absurd. In his fight against pessimistic attitudes toward mental illness he converted his strongest critical attitudes into moral crusades. When other professionals were guarding turf, he opened up the treatment of mental illness to health care workers and professionals from other disciplines, helping to foster maximum cooperation between disciplines both in theory and in practice.

Analyzing life and death

His second major work, *Man Against Himself,* published in 1938, is still in print and can be read with great profit by professionals and laymen. It focuses on the central issues of psychiatry, or as Albert Camus would say, the central issue of every human life: whether or not to live. He turned Freud's dual drives, the life and death instincts, into the metaphysical principles of *eros* and *thanatos.* The book focuses on *thanatos* as representing the hostility, hate, anger and aggression which Dr. Menninger saw in mental disorders and in ordinary life. Human life is a perpetual "battle against death" everyone has a self-destructive urge. This theme dominated all his work, as he wrote and taught about the many

ways in which people destroy themselves and everything around them through anti-social acts, neurotic invalidism, purposive accidents, self-mutilations, and a multitude of bad habits. Suicide is the extreme form of this ubiquitous drive.

In *Love and Hate,* published in 1942, Dr. Menninger targets the interaction of the life and death principles, analyzing individuals as well as entire cultures in terms of a conflict between loving and hating. What he said in this work still rings true—the test of a great writer—especially his discussion of abuse of children and minorities in our culture. He asks whether love can tone down individual and cultural hostilities; whether the circle of hate-producing conflicts can be broken. Besides love, sexuality, and sublimation, he also talks about the roles of faith, hope, and work in overcoming or at least controlling hate and hostility.

Human behavior and sin

The Vital Balance, published in 1963, took the longest time of any of his works to write, and was a *summa* of his theory of human behavior. In it he accounts for normal as well as abnormal states, the courses of illness, modes of treatment, and different roles for the healer. "What is mental illness?" and "Is it appropriate to speak of life disorders as illness?" are the basic questions which this work answers coherently and convincingly.

Whatever Became of Sin?, published 10 years later, again reveals Dr. Menninger as the moral philosopher and Protestant theologian. When he wrote about psychiatry, he had to tread lightly around moral and theological themes because before Freud, psychiatrists were simply moral counselors. Freud, who tried to put psychiatric theory and its interventions on a scientific foundation, went as far as he could in the opposite direction from theologically informed moral counseling.

Karl A. Menninger was as much opposed to harsh punishment as he was to sin, and said so in another prophetic book, *The Crime of Punishment,* (1968). Punishment for him was the expression of hatred, aggression, and anger, and generated hatred, anger, and aggression in the other. He believed that this vicious cycle lay behind much that was wrong with both mental patients and American culture. Karl A. Menninger, the psychiatrist, uncovered violences which cause mental illness and are the basis for all sorts of ineffective neurotic and psychotic coping devices. Karl A. Menninger, the prophet and Protestant moralist, cried out against publicly condoned violence, especially in the treatment of criminal offenders and children. The last 25 years of his life were devoted to developing alternative approaches to handling problem children in a project called "The Villages".

In the final analysis, the man whom the APA called "the greatest living psychiatrist" may have been more an old-style American moralist than a psychiatric-medical revolutionary. But this contribution of a firm moral imperative to psychiatric thinking may be one of his most far-reaching legacies.

Dr. Drane is Russell B. Roth Professor of Clinical Medical Ethics at Edinboro University of Pennsylvania. As an internationally known bioethicist, he was profiled in the November 1989 issue of this publication.

MEDICAL RESOURCES AND RATIONING

David W. Crippen, MD, FCCM

In his examination of resource allocation "rights" at the macro level, Englehardt uses the term "lottery" to imply that resource utilization is a matter of luck, not predetermination.[1] The "society lottery" means that some people are rich and prosperous and others are poor and have no influence, and that these conditions are randomized according to "good luck" or "bad luck," since a person cannot pronounce his or her social condition at birth. The "natural lottery" means that some people have good health and some don't, again a situation in which the affected individual has little influence. "Winners" in the natural lottery are healthy and "losers" are sick. "Winners" in the social lottery have resources to pay for their health care and "losers" do not. If social and natural lottery losers do not have any moral claim on the resources owned by others, it then follows that a person is unfortunate if he gets sick and cannot afford to buy health care above the level of care society has allocated for all of its members; but it is not necessarily unfair. "Unfortunate" implies bad luck, which does not compel compensation, only charity. It is "unfair" if your legitimate health care rights, set up by society and financed by contributions from all, have been violated.

In a perfectly just and prosperous society, resources should be mobilized for all who require them in order to maximize "life, liberty, and the pursuit of happiness." One of the main reasons in support of legalization of universal access to health care is that bad health does not permit people to pursue life, liberty, and happiness as "guaranteed" by the constitution. If health care is defined as a basic right, the next step is to make it a legal right; then access would be mandatory for all. Unfortunately, such pushes have provided no realistic plans for distribution and payment of these services.[2] A big problem is that the public would have the legal right to health care but no way to access it, and no clear funding. Potential for lawsuits would be endless, and each suit would require providers to render care with dubious hope of reimbursement. So far, all of these requests have been rejected by the courts and there are currently no legal rights to health care.

The problem of unlimited access to medical care is an enigma. Everyone desires it, everyone agrees that it would be a great thing, but no one can decide what sorts of basic medical needs and demands should be covered.[3] "Free" care promotes many takers. Once universal access is allowed, more people will enter the system who are not now

Dr. Crippen is clinical assistant professor of anesthesiology and critical care medicine, University of Pittsburgh School of Medicine, and vice director, Department of Critical Care Medicine, St. Francis Medical Center.

able to access it, and a large number of these patients may have chronic complaints which are poorly amenable to treatment, i.e., complaints which would tie up a great deal of money but would result in minimal benefit. "Real" basic needs would be quickly lumped in with "patient desires" and the result would be a blurring of what "basic" medical care means. This would commensurately dilute the amount of money available for disorders which are amenable to effective treatment.

Government programs have demonstrated in the past an inability to differentiate between need and desire on the basis of demand for medical care or social welfare. As "consumers" flood the system, it would become apparent that actual benefits available would not meet perceived expectations. The system would then attempt to rank demands to provide services where the need was greatest. Americans are by nature a people who connive and manipulate in order to get their share, or more if possible. History has shown that any such negotiations are immediately challenged by high pressure lobbying and class action lawsuits by those who feel they are entitled to more than they are allotted. Moneyed and power-oriented groups would lobby to exclude themselves from restrictions, other groups would sue for more benefits on the basis of discrimination, and the entire system would crash in a quagmire of legal entanglement.

Rationing throughout the world

Numerous medical care systems in the world community ration (and call it rationing) with more success in delivering a reasonable amount of health care to a greater portion of their population than does the United States. The British spend less than half the amount of our yearly expenditures on medical care, but provide universal access to the system for all British citizens, who know in advance what limitations are in effect.[4] Advanced planning is not only possible, it is mandatory. Since all patients have equal access within this "closed system," resources must be allocated based on which needs are most beneficial for the entire group.[5] Physicians do not directly or indirectly benefit from delivering care at lower cost. Rationing in our country takes the form of arbitrary denial of services to a portion of the population, retrospective denial of payment for services already rendered, and gross underpayment by third party reimbursers who advertise that they reimburse for services while effectively avoiding doing so behind the scenes.[6] Paradoxically, cost containment measures in the U.S. can reward institutions and individuals for delivering care at a lower cost, even if patients do not ultimately benefit.[7] Saying "no" to some procedures carries no assurance that we are concurrently saying yes to other more beneficial ones. Savings gained may be reinvested in some other procedure, which may benefit even fewer patients, or it may be returned to investors, as in the case of "for profit" hospitals. Hospitals who deliver care for less than the DRG allowance may pocket the difference. All varieties of medical care are equally funded in theory, but with a "catch-22." Instead of determining how much should be allotted services, the U.S. prospectively allows all services, then retrospectively denies reimbursement for some after they have been rendered.

This unusual tack has several implications: 1) care-givers are placed in the position of expending resources which may not be repleted on the whims of gatekeepers and technicalities; 2) there is no real way to determine whether resources expended will be replenished until after the fact, making prospective planning difficult if not impossible. In reality, we are already rationing healthcare in the U.S., but not as a planned prinicple.

There is little question that we will eventually ration health care services formally. The question is where, when and for whom. A possible compromise solution is a two-tier system of health care allocation with a "minimum" level of resources guaranteed all members of society universally, but with the potential to fuel production by allowing some members to purchase more if they can. Incentive to work more and produce more is fueled by competition for patients who can pay, and a portion of extra production is redistributed toward a negotiated minimum level guaranteed everyone. For production of goods and services, incentive is crucial, especially incentive where producers are allowed to share in their productivity.[8]

Systems which promote incentive tend to drive themselves smoothly with a minimum of administrative expense. Systems which deny incentive, and offer instead the satisfaction that productive talents are being used to the betterment of their fellow man, tend to fall apart as their producers leave for other systems where they may personally profit. As production decreases, the remaining producers are then "encouraged by" negative sanctions, and a slow, vicious downward cycle ensues. The administrative costs of forcing producers to produce by coercion and policing those who cheat, (ie: collect money but do not produce) draws the lifeblood out of any possibility of the system producing anything meaningful. The only real, workable solution to this dilemma will accept the inevitable institutions of greed and entitlement by right of private property, and work around them in order to arrive at a solution no one may particularly like but with which all can live.

Such a system would be a compromise between egalitarian and libertarian systems, neither of which are practical as pure concepts. Egalitarian systems such Britain's are capable of providing a minimum of care, but administrative costs inherent in forcing producers to work without incentive, and in catching resourceful and imaginative cheaters, would be prohibitive in the U.S. Libertarian systems offer no way other than "free market forces" to coerce excess producers to "donate" more to those who do not produce, traditionally an inadequate amount for any meaningful services. The two-tier system would mandate a portion of all excess resources adequate to provide meaningful health services for all, without quashing incentive to produce, allowing producers to continue profiting from their work.

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MEDICAL SCHOOLS FALL SHORT OF U.S. NEEDS

Joseph T. Marconis, MD

In 1900 there were 150 medical schools in the United States, with a combined enrollment of 24,000 students. Any handful of physicians could band together and start a medical school, some of which were simply diploma mills.

In 1905, the American Medical Association, aware of the low level to which medical education had fallen, initiated remedial measures. In 1907, the AMA Council on Medical Education began to inspect and apply ratings to medical schools. Class A was an approved school, class B was on probation, and class C was an unapproved medical school. Much criticism, resentment, and dissatisfaction were directed toward the Council on Medical Education by the directors and staffs of the schools. Most vociferous, of course, were the schools on probation and unapproved. Repercussions were so great that this innovative program of medical school accreditation verged on collapse.

Fortunately, the Carnegie Foundation developed an interest in the AMA effort to improve educational standards of U.S. medical schools. It provided financial assistance to the Council on Medical Education in its efforts toward a more objective basis for evaluating medical training. Program director Abraham Flexner, PhD, with the cooperation of N.P. Caldwell, MD, secretary of the Council of Medical Education, visited and evaluated each of the 155 medical schools then in existence. The Flexner Report, issued in 1910, had a profound and lasting impact. Within five years of its issuance, virtually 50 percent of the marginal medical schools closed their doors permanently.

Over the ensuing years, the accreditation process of medical schools has undergone modification and refinement. In 1942, a definitive structured agency, the Liaison Committee on Medical Education, was established through the combined efforts of the AMA and the Association of American Medical Colleges (AAMC). Besides members from the AMA and AAMC, it has two public members, two members from the committee for accreditation of Canadian medical schools, a representative of the federal government, and two medical student representatives.

Canadian and U.S. medical schools undergo the same stringent process of accreditation by their respective accrediting agencies. To date, 127 U.S. medical schools have attained the well-documented, high quality necessary for full accreditation.

Any sovereign nation in the world having a medical school within its borders may have it listed in the World Health Organization's publication. About 1,200 such medical schools are so designated throughout the world. Any graduate of these schools may aspire to enter mainstream medical practice in the United States, provided he or she can meet immigration criteria, except of course, for U.S. citizens who go outside of the U.S. for medical education. Since the Liaison Committee on Medical Education has no jurisdiction with regard to standards of teaching in medical schools outside of the U.S., the quality of medical education in these institutions may be suspect.

To ensure that new medical graduates seeking practice opportunities in the U.S. possess adequate medical knowledge to render care comparable to that by graduates of the 127 LCME medical schools, an elaborate evaluation system has been established. Foreign graduates are evaluated through a certification process administered by the Education Commission on Foreign Medical Graduates (ECFMG). The only exceptions are those, now few in number, who have gone through the so-called "fifth pathway" route.

The ECFMG thoroughly checks academic backgrounds, and by examination evaluates candidates' knowledge of medicine and management of the English language. With a certificate from the ECFMG, the candidate may apply for residency training. Most states add an extra year or two to this training period, in contrast to residency requirements for graduates of LCME-evaluated medical schools. This then qualifies the foreign medical graduate to take the Federation of State Medical Boards Licensing Examination, which, if passed with a satisfactory score, permits licensure in most U.S. states.

Of all U.S. physicians, 21.4 percent are foreign medical school graduates. No other profession in the nation is as dependent on such large numbers of foreign professionals to supply its needs. Yet we have the most outstanding medical educational system in the world. This paradox remains: why are our excellent medical training institutions unable to supply the necessary numbers of physicians to administer the health needs of all the citizens of our great nation?

Dr. Marconis is vice president of Medical Affairs at Pottsville Hospital and Warne Clinic and past chairman of the Pennsylvania State Board of Medicine.

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SPECIAL FEATURE

THE COST OF AIDS: WHO WILL PAY?

David J. Shulkin, MD
Neil Hollander

A topic of great concern in medicine and health care financing is the explosion of the AIDS epidemic and its effect on medical expenditures. When AIDS was first recognized in the early 1980s, there was grave concern for both public health and the economic implications of the disease. There were predictions that AIDS would bankrupt our public and private insurance industries. There was great uncertainty about the size of the population at risk and the ultimate cost of caring for these patients.

As we have learned more about the natural history of AIDS, our ability to estimate costs has improved. Review of our experiences may help us formulate policy and plans for dealing with this disease into the '90s and beyond.

Inflated predictions

While the psychological and human costs of AIDS have proven to be substantial, our initial prediction of its monetary impact appears to have been inflated. Recent cost estimates, while concerning, are not overwhelming. In 1987, $2 billion was spent on AIDS, compared with annual costs of cancer of $25 billion. While these dollars spent on AIDS represent less than 0.5 percent of the nation's health care expenditures, as the number of persons infected with the virus rises, so will the costs. It is estimated that by 1991 the cost of care for AIDS patients could be over $6 billion.[1]

Despite 10 years of experience, uncertainty remains about the true costs of caring for AIDS patients. In 1985, the Center for Disease Control estimated the lifetime costs of medical care per patient to be $147,000,[2] while a San Francisco study estimated these costs to be $27,751.[3] Like most things in our highly decentralized health care delivery and financing system, health care costs vary with the region of the country you live in; for example, length of stay is lower in the western U.S. Original cost estimates have been substantially reduced as hospitals, physicians, and communities have organized to deal with the disease. Areas with extensive volunteer services tend to have lower costs of care.

New technologies and treatments are likely to add to costs. With Federal Drug Administration approval of zidovudine (Retrovir) in 1987, there was an additional $8,000 expense per year per patient treated with the drug. Recent reports suggest that many patients with HIV may benefit, thereby dramatically increasing the number of potential recipients. Aerosolized pentamidine is also costly, but like zidovudine, is likely to decrease the rate of hospitalization and improve survival. A full cost-benefit analysis is needed.

While the spectre of AIDS costs has not put insurers out of business, it cer-

Figure 1: Extent of AIDS among inpatient hospital subscribers.

	1986	1987	1988
Hospital admissions	49	136	178
Total hospital days	778	2,221	2,180
Total hospital charges ($)	795,010	2,271,167	2,406,675
Average charge/admission ($)	15,490	16,700	13,521
Average length/stay (days)	15.9	18.1	12.3

Dr. Shulkin is chairman of the Pennsylvania Medical Society's Resident Physician Section. He is in the Robert Wood Johnson Foundation Clinical Scholars Program at the University of Pennsylvania School of Medicine. Mr. Hollander is vice president, corporate health strategies, for Blue Cross of Western Pennsylvania.

tainly has created panic and overreaction in some parts of the industry. Some insurers plan to drop out of markets while others have begun requiring antibody testing to alter underwriting practices. A U.S. government Office of Technology Assessment survey found that 86 percent of commercial carriers planned to screen applicants for the virus before offering insurance.[4] Some states concerned with the effects of such practices have passed laws against discriminatory techniques. Pennsylvania has no such laws at present.

Care of uninsured

One serious issue concerning AIDS costs is that persons with the disease are less likely to be insured than the rest of the population. The National Center for Health Services Research indicates that only 54 percent of AIDS inpatients have private coverage.[5]

Western Pennsylvania Blue Cross, which provides insurance to 64 percent of the population in its service area, has data on inpatient hospital subscribers that shows the extent of AIDS over three years.[6] (See figure 1)

Although the number of patients treated has continued to increase, the rate of newly diagnosed cases has slowed. Blue Cross of Western Pennsylvania, utilizing the services of its subsidiary Health Related Services and its medical affairs department, has attempted to control costs by agggressive case management, which assists in finding less expensive alternatives to inpatient care. As a result of these actions, and those of others in the community, both length of stay and charge per admission have decreased.

The financial impact of AIDS should not be minimized. The focus for the health care industry into the twenty-first century will be to decrease both incidence of the disease and the cost of caring for these patients. With increasing numbers of persons infected, the costs will be large. Western Pennsylvania, which has been fortunate in seeing far fewer cases than the eastern part of the state, must use this opportunity to plan for the years ahead.

In the past 10 years, we have learned that we should deal with AIDS much like we deal with other catastrophic diseases. AIDS can be a manageable problem within our current health care system. The experience in Pittsburgh's private sector has shown that cost controls for AIDS can be successful. Community organizations working together with third party payers have helped reduce the financial impact of the epidemic.

Insurers must not run away from the problem of AIDS. They need to evaluate their own data and then develop realistic, non-discriminatory policies. Public solutions will be needed to provide access for the uninsured patient. Some states have developed insurance risk pools intended to subsidize coverage for the uninsured. However, in all too many cases the premiums have remained unaffordable for the patients. We need incentives for employment related insurance, as many uninsured are employed. In addition, there should be expansion of Medicaid for those who are unable to work. Our challenge will be to respond with rational financial planning based on the data now in hand.

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SPECIAL FEATURE

DIALOGUE WITH NURSING

The Coalition of Pennsylvania Nurses

The Coalition of Pennsylvania Nurses is an independent organization representing nurses from various clinical practice settings: licensed practical nurses, associate degree, diploma, and baccalaureate nursing programs, nurse administrators, nurse recruiters, nurse lawyers and student nurses. The education-practice-administration linkages inherent in the group demonstrate an interdisciplinary spirit as the members strive to address major issues impacting on the nursing profession. The Coalition of Pennsylvania Nurses encourages creative and innovative ideas such as:

- Networking with health care colleagues at the local, regional, and state levels,
- Collaboration among various nursing groups,
- Exploration and promotion of career mobility and nursing care delivery models,
- Procurement of funding and support services from private and governmental agencies,
- Analysis of data to identify supply and demand trends,
- Supporting the development of consensus around legislative and regulatory issues affecting nursing.

The coalition recognizes the diversity and inherent differences within groups, such as might occur with subspecialties or subpopulations of any group. However, there is also a profound recognition that there is far more agreement among nurses in the Commonwealth than differences and it is our purpose to promote our common goals to strengthen nursing and the health care we deliver. Thus under one statewide umbrella, a mechanism is present to unite all of nursing throughout the Commonwealth.

The nursing shortage is but one issue in the health care crisis—and it is our belief that this crisis may only be resolved through unified, collaborative efforts of all involved. We must begin to clarify misconceptions, delineate problems and trends, recognize the unique contributions of co-professionals, develop common goals, and work toward achievement of those goals. Scarcity of human, material, and fiscal resources suggests our efforts should not be counterproductive. The nursing shortage is not solely due to a contraction in supply (more nurses are working today than ever before), but to an increase in demand brought on by changes in society and in health care.

Recruitment, retention update

Much has been written in recent years about the nursing shortage. The one aspect that physicians, nurses, and administrators seem to agree on at the moment is that there is a shortage and it is not going to diminish with "quick-fix" remedies. The shortage in nursing has been compounded by the shortage in health care workers and the general labor shortage in the U.S.

Due to the various nursing shortages in the last decade or two, nursing has been studied by many groups, including several national commissions. The Association of Academic Health Centers (AAHC) is one of the groups to examine the nursing profession recently. The findings, released just one year ago, focused on "The Supply and Education of Nurses," with retention as the theme.

One approach in dealing with the nursing shortage is that of participating in a bidding war over sign-on bonuses, salaries, premium pay, flexible hours, and a host of attractive benefits. While nurses have been over-worked and underpaid forever—or so it seems—the personal financial issues in nursing are improving. This has helped to reverse a downward trend in enrollment in schools of nursing. The most recent

Coalition members Joan Bilitski, EdD, CRNP, and Mary Lou Riker, RN, are co-authors of this article. Its publication is the outgrowth of meetings between the State Society and the Coalition of Pennsylvania Nurses.

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4:00–5:00	Case Presentations	*Marie-Noelle Langan, MD*

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peak in enrollments was in 1983, according to the National League for Nursing, and was followed by a downward trend. There is encouraging news both in Pennsylvania and at the national level: the National League for Nursing reports that for the period of 1986-1988, the schools of nursing in Pennsylvania experienced an increase of 7.9 percent in enrollment, implying that freshman class numbers have increased. National enrollment is up 3.9 percent.

This seems encouraging, but the problem is not solved just because salary remedies and some helpful media presentations have increased the attractiveness of the nursing profession. Like medicine, nursing is a life-long career. In view of the general labor shortages the retention aspect of the AAHC findings becomes of paramount importance. Well articulated in a variety of studies, retention in nursing can be summarized as job satisfaction and is tied to such issues as nurse-physician relationships, nurse-administrator relationships, flexible work schedules with better hours for those who have seniority, and career growth with concomitant financial remuneration that will permit registered nurses to remain at the bedside in advanced clinical roles.

Restructuring nursing

The first recommendation of the AAHC was to ask their member health centers to take the lead in experimenting with nursing practice models utilizing the skills of registered nurses in an optimal and productive way. Restructuring nursing practice is one strategy to address the retention issue and there are examples of efforts at restructuring nursing practice throughout the country which predate the AAHC report. Some of the emerging nursing practice models which aim to utilize the skills of registered nurses appropriately, improve retention, and provide cost-effective nursing care delivery systems are as follows:

Beth Israel Hospital, Boston, MA: This hospital supported and implemented a practice model in primary nursing many years ago which has served as a model not only in the U.S., but abroad as well. This model successfully delineated the role of the registered nurse in the inpatient setting to bring job satisfaction, contentment, decreased turnover, and a plethora of job applications each year from graduating seniors.

Robert Wood Johnson, New Brunswick, NJ: The key features of this model, known as the ProACT Model, is that two roles are identified for the registered nurse. One is that of the primary nurse and the other is that of clinical care manager who oversees the hospital stay of a case load of patients by working in collaboration with members of the nursing staff, physicians, and other members of the health care team. The ProACT Model has identified and expanded the support personnel who function under the supervision of a registered nurse in the provision of both direct and indirect nursing care. This model, with physician collaboration, has moved in the direction of managed care while providing job satisfaction and career mobility to the registered nurse.

Tufts New England Medical Center, Boston, MA: This model goes even further in the direction of case management and managed care than the Robert Wood Johnson Model. Here, nurses, physicians, and administrators work together on elaborate plans of care that describe the anticipated hospital stay of patients. These are known as "critical paths" and have served not only to manage patient care from a fiscal perspective but also to bring nurses and physicians to the "cutting edge" of collaborative practice. As a result of their professional practice model, the nursing department is known as a good place to work—one where you can practice professional nursing.

Carondelet Health Services, St. Mary's Hospital and Health Center, Tuscon, AZ: Carondelet St. Mary's has another professional practice model empowering registered nurses to function as case managers both in the inpatient and outpatient setting. This model furthers the career growth of registered nurses beyond the hospital walls as they function as case managers for both traditional physician-directed services and nurse-managed community-based clinics. The professional nurse case manager may also deliver primary care as appropriate. Many nurses consider this model a unique opportunity for professional growth.

John Hopkins Hospital, Baltimore, MD: Members of the nursing department at Hopkins have experimented with several professional practice models which decentralize decision-making to the registered nurse at the bedside. This has increased their autonomy in a way that can be described as "shared governance." The autonomy in decisions has transcended clinical situations to include scheduling, setting their own unit standards for nursing practice, managing their own unit-based quality assurance activities which includes peer review, and accepting responsibility for productivity. Also, they have converted from an hourly wage and salary system to an all-inclusive salary system managed by staff at the unit level. In this participatory model, the staff were able to decrease the use of agency nurses, police their own sick time utilization, and participate in profit sharing at the completion of the fiscal year. The autonomy in the Hopkins Model has resulted in greater job satisfaction and favorable nurse retention.

These are but a few of the models which currently exist, with more emerging both nationally and within Pennsylvania. For example, the hospital of the University of Pennsylvania and the Milton S. Hershey Medical Center are two out of 80 in the country to receive a grant from the Robert Wood Johnson Foundation and Pew Charitable Trusts. The focus of study for this round of grants is to strengthen hospital nursing programs and many are looking to accomplish this through restructuring and redesigning nursing care delivery systems. Attempts at restructuring made by staff at various institutions serves not only to retain registered nurses within their institution, but to retain nurses within the nursing profession and the health care system.

Summary

This opportunity for Pennsylvania physicians and nurses to communicate opens the door to collaborative, goal-oriented activity in this critical stage in the evolution of health care. The invitation to speak with physicians is one avenue to share ideas about unified nursing activity, critical issues, and future trends in nursing care. This article may stimulate reaction, thought, and further dialogue with the Pennsylvania Medical Society. PENNSYLVANIA MEDICINE may provide the medium for a new beginning to long-term communications and concerted action on issues addressing both nursing and medical professions as we work toward meeting health care needs of the citizens of the Commonwealth.

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THE VALUE OF A PROFESSIONAL RECRUITER

The Health Care Group

There are many misconceptions about the role and value of physician recruiting firms. These misconceptions are so wide-spread—and the role of recruiters so often misunderstood—that most doctors probably believe at least one of these:

- A recruiter's main purpose is to find candidates for me to interview, with no selection criteria applied.
- A recruiter provides "bodies" but no value-added service to ease my search process.
- It will cost more to pay a recruiter than to conduct the search for myself.
- The easiest part of the recruiting process begins once I have a batch of resumes in hand.

These misconceptions undervalue the services that an experienced and reputable recruiter can perform. Physicians who subscribe to these misconceptions do themselves a great disservice, because a recruiting firm offers specific skills, experiences, and synergies that the average practice cannot bring to its recruitment effort. Eschewing these misconceptions, a practice may retain a recruitment firm for several important reasons:

- The practice does not wish to divert time from its clinical activities;
- The practice has determined that the fees paid to the recruiter would be no greater than the patient-charges lost in taking the time to recruit by itself, or the future revenue lost by dragging its feet;
- The practice believes that the recruiter's unique skills and experience—based on work with many practices, over a long period—will allow the recruiting effort to proceed more quickly and smoothly; and most significantly,
- The practice recognizes that the recruiter offers a better chance of making a good match and finding a high-quality associate, at the proper terms.

To clear away common misconceptions, this article will explore the recruiter's role in detail, and answer two questions: In what ways can a recruitment firm save a practice's time, energy, and money? What special skills will make recruitment efforts more efficient and successful? We will also review arrangements a practice can make with a recruiter.

Saving money and effort

A good recruiting/consulting firm should begin helping a practice even before the formal recruiting process starts because it is important to firmly ground the decision to recruit in the first place. The recruiter can assess the economic feasibility of adding a new associate, and determine the best mix of skills for the practice's continuing growth and success. Even in situations that are apparently simple and direct—replacing a retiring doctor, for example—a recruiter can help evaluate the type of new doctor that should be sought, the necessary skills, and how that doctor could most effectively be integrated into the practice. An experienced recruiter can assess the broad impact of various options, and enable the practice to make a decision fully informed of the financial and management implications.

In some cases, a feasibility study will show the practice is not ready to support an additional doctor. In this situation, a good recruiter will develop a strategy for the practice to build toward adding a doctor. Or the firm may identify and evaluate other alternatives that would help the practice to meet its broader goals.

Once a practice decides to seek a doctor, the recruiter will develop and implement a comprehensive search strategy,

The contributing authors are Dorothy R. Sweeney, vice president, and Michael Parshall, senior recruiter, with The Health Care Group of Plymouth Meeting.

efficiently build a pool of candidates ho fit the practice's needs. While a ractice could develop its own candidate ool, recruiters know the best sources of ndidates *throughout the country,* and ow to reach those candidates.

Recruitment is a labor-intensive pro-ess: in order to develop a good pool of ndidates, many letters must be sent, dvertising developed and placed, hone calls made and received, and re-mes sorted. Handling these activities is specially difficult for an already busy ractice, and they can distract a doctor r staff from other important activities. he recruiter is better equipped to han-le these labor intensive activities, and ill be able to cull through the calls and esumes quickly and effectively.

In addition, because they are conduct-g a variety of searches, most recruiters ill have a pre-existing pool of qualified ndidates who may be good for a par-cular practice. For example, while a mily practice resident may not be a good match for the Pittsburgh gerontology practice to which he initially applied, he may be perfect for a Harrisburg group focusing on adults of all ages. Or a cardiologist not interested in a large Philadelphia specialty practice may be enthusiastic about a smaller multispecialty group in Reading.

Knowing the candidates

This is one of the key advantages of a recruiter—they have time and resources to get to know the candidates well and to match them closely to an individual practice's needs. As a pool of candidates develops, a recruiter can carefully preselect individuals, based not only on qualifications, but also personality traits and attitudes. This is important, because the object is not just finding a large pool of candidates, but identifying and focusing on candidates who best fit the practice's needs.

There are other advantages to having a recruiter develop a pool of candidates. The firm can work to promote interest among attractive candidates who may have a number of other good opportunities available. The practice's identity will also remain confidential during the initial weeding-out process, ensuring that neither inappropriate candidates, nor competitors, discover that a practice is recruiting.

Part of the pre-selection process should be an initial reference check on the candidates, before a first interview. There is no reason to meet someone a quick reference check might disqualify. These checks should be done through a telephone conversation, not by mail; people will rarely express their reservations in writing, and there is no opportunity for follow-up questions.

Reference checking can be a time-consuming activity, especially if a large pool of viable candidates exists. A recruiter can take on this burden, with the added value of experience: knowing the right questions to ask and the right way

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to ask them; knowing how to interpret intentionally vague answers; noting where a reference has deliberately avoided an important topic, and finding the pertinent information; and being able to pursue an important question with other contacts given by the reference himself. The recruiter can also act as a buffer, saving the practice the burden of asking the hard questions about malpractice history, substance abuse, and the like.

Value added

A recruiter's ability to develop a pool of viable candidates quickly, efficiently, and with minimum effort by the practice itself, is an example of time savings afforded by a recruiting firm. But, as with the reference checking process, the recruiter also brings value-added skills to a practice's recruitment effort. For example, "salemanship" is a disparaged but important part of recruiting a "star" doctor. The recruiter can develop a strategy to sell candidates on a practice, demonstrating that the opportunity is superior to others they may be considering.

Conversely, the firm can bring the candidates' perspective to the practice—giving it a sense of the issues and concerns foremost on the candidates' minds, and thus putting the practice's owners in a better position when meeting or negotiating with the potential new associates. This understanding of the needs and desires of both practice and candidate plays an important part in bringing the recruitment effort to fruition. Throughout the various stages of the recruitment effort, the recruiter will educate the candidates about a practice, its needs, and the selection process, so they know clearly what to expect, and what will be expected of them. Informed candidates are easier for a practice to work with in the recruiting process. And, when the practice makes an offer to the best candidate, he or she will have understood everything.

There are other kinds of value-added skills and activities that recruiting firms can offer. For example, the firm will have advertising copywriting skills; the better drawing power these have, the higher the caliber of candidates you are likely to see. And a good recruiter will have a strong understanding of physician contracting. The recruiter can work with a practice to devise a workable and realistic compensation package, before actually beginning the recruiting process. Then the recruiter can help to structure the new doctor's employment contract, including at least a basic review of incentive terms, plus future buy-in and income division arrangements.

Throughout the process, and especially in the final negotiations, the recruiter's role as intermediary cannot be overestimated. The recruiter will provide valuable assistance during the negotiations and in closing the deal. Too often, good candidates are lost at the last moment because of relatively small issues. A recruiter serves as a facilitator and arbiter, working through glitches and misunderstandings, and helping to maintain the all-important momentum toward a signed agreement.

Finally, once the deal is concluded, a recruiter can help the practice prepare for the new doctor. That preparation is a multifaceted, time-consuming endeavor. The new doctor must be licensed by the state, gain privileges at hospitals, and obtain malpractice coverage. The practice must prepare office and examination space, purchase necessary supplies and equipment, and be certain that the doctor's staff needs are met. Finally, the practice must announce the new doctor, and promote him or her to patients, referrers, and the local health care community. A good recruiter can provide guidance in each of these areas.

Choosing a recruiting firm

Knowing a firm's qualifications and track record are key to finding the right recruiter for a practice's situation. The firm should understand the unique needs of the specialty and the geographic area. It must also understand the practice—the individual doctors and their styles—and the broader community and health care environment in which they operate. It should have a strong track record of placing doctors generally, in the specialty, and in practices of that size. The recruiter also should be able to provide a variety of references from previous clients, allowing choice of who to speak with.

There are three basic types of recruiting arrangements. With a "retainer and exclusive contract" approach, the practice pays the recruiting firm a retainer up front, and pays the remainder of the fee when a doctor is hired—whether or not the doctor was referred by the recruiter. The rationale, from the recruiting firm's standpoint, is that they are going to promote the opportunity broadly and intensively and the candidate may come to the practice because of their promotion, although not necessarily through their firm. Sometimes those arrangements base the actual fee on a percentage of the new doctor's first year salary, but more often the recruiter is paid the retainer and a completion fee, plus out-of-pocket expenses (e.g. telephone, travel, advertising, direct mail).

The second type of approach is "contingency/non-exclusive." The firm will provide candidates, and the practice only pays if one of those candidates is hired. The principal problem with these kinds of firms is that they may be less selective in their referrals. They may have no loyalty to the clients, since the client has demonstrated no loyalty to the firm. Therefore, the firm may seek to earn its fee without giving much consideration to whether there is an appropriate match. (However, if a practice must hire a number of physicians, contingency firms would allow use of multiple sources without up-front costs.)

The third approach is a retained/non-exclusive arrangement, with a flat fee (that is not a percentage of salary). With this approach, while a small, up-front retainer is paid, the practice does not have to pay the fee if it finds itself the right candidate; nor will there be a link between the doctor's salary and the firm's fee. There are not many such firms around, but they are worth seeking out.

Conclusion

Even when done efficiently and effectively, recruiting for a new doctor can be a time-consuming and expensive endeavor. Yet mounting a poor effort or accepting the wrong candidate is even more costly—personally, professionally, and financially. Therefore, where doubts exist about a practice's ability to run its own recruiting effort, there is great value in considering the services offered by experienced recruitment firms.

Once a practice has worked past common misconceptions, using a recruiter may prove to be the time- and cost-efficient way to procede. But first, clearly define the practice's goals; and second, be completely comfortable with the financial arrangements and recruiting methods presented by the firm you choose.

Where there's smoke...there may be bronchitis

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Am Fam Phys 1987;36:133-140

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For respiratory tract infections due to susceptible strains of indicated organisms

Brief Summary.
Consult the package literature for prescribing information.
Indication: Lower respiratory infections, including pneumonia, caused by *Streptococcus pneumoniae, Haemophilus influenzae,* and *Streptococcus pyogenes* (group A β-hemolytic streptococci).
Contraindication: Known allergy to cephalosporins.
Warnings: CECLOR SHOULD BE ADMINISTERED CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. PENICILLINS AND CEPHALOSPORINS SHOW PARTIAL CROSS-ALLERGENICITY. POSSIBLE REACTIONS INCLUDE ANAPHYLAXIS.

Administer cautiously to allergic patients.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-associated diarrhea. Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis.

Precautions:
• Discontinue Ceclor in the event of allergic reactions to it.
• Prolonged use may result in overgrowth of nonsusceptible organisms.
• Positive direct Coombs' tests have been reported during treatment with cephalosporins.
• Ceclor should be administered with caution in the presence of markedly impaired renal function. Although dosage adjustments in moderate to severe renal impairment are usually not required, careful clinical observation and laboratory studies should be made.
• Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
• Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor penetrates mother's milk. Exercise caution in prescribing for these patients.

Adverse Reactions: (percentage of patients)

Therapy-related adverse reactions are uncommon. Those reported include:
• Hypersensitivity reactions have been reported in about 1.5% of patients and include morbilliform eruptions (1 in 100). Pruritus, urticaria, and positive Coombs' tests each occur in less than 1 in 200 patients. Cases of **serum-sickness-like** reactions have been reported with the use of Ceclor. These are characterized by findings of erythema multiforme, rashes, and other skin manifestations accompanied by arthritis/arthralgia, with or without fever, and differ from classic serum sickness in that there is infrequently associated lymphadenopathy and proteinuria, no circulating immune complexes, and no evidence to date of sequelae of the reaction. While further investigation is ongoing, **serum-sickness-like** reactions appear to be due to hypersensitivity and more often occur during or following a second (or subsequent) course of therapy with Ceclor. Such reactions have been reported more frequently in children than in adults with an overall occurrence ranging from 1 in 200 (0.5%) in one focused trial to 2 in 8,346 (0.024%) in overall clinical trials (with an incidence in children in clinical trials of 0.055%) to 1 in 38,000 (0.003%) in spontaneous event reports. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy; occasionally these reactions have resulted in hospitalization, usually of short duration (median hospitalization = two to three days, based on postmarketing surveillance studies). In those requiring hospitalization, the symptoms have ranged from mild to severe at the time of admission with more of the severe reactions occurring in children. Antihistamines and glucocorticoids appear to enhance resolution of the signs and symptoms. No serious sequelae have been reported.
• Stevens-Johnson syndrome, toxic epidermal necrolysis, and anaphylaxis have been reported rarely. Anaphylaxis may be more common in patients with a history of penicillin allergy.
• Gastrointestinal (mostly diarrhea): 2.5%
• Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
• As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely.
• Rarely, reversible hyperactivity, nervousness, insomnia, confusion, hypertonia, dizziness, and somnolence have been reported.
• Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1% and, rarely, thrombocytopenia and reversible interstitial nephritis.

Abnormalities in laboratory results of uncertain etiology.
• Slight elevations in hepatic enzymes.
• Transient lymphocytosis, leukopenia, and, rarely, hemolytic anemia and reversible neutropenia.
• Rare reports of increased prothrombin time with or without clinical bleeding in patients receiving Ceclor and Coumadin concomitantly.
• Abnormal urinalysis; elevations in BUN or serum creatinine.
• Positive direct Coombs' test.
• False-positive tests for urinary glucose with Benedict's or Fehling's solution and Clinitest® tablets but not with Tes-Tape® (glucose enzymatic test strip, Lilly).

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PHYSICIANS IN THE NEWS

Jay Roberts, MD, chairman of the Department of Pharmacology and director of experimental research at the Medical College of Pennsylvania, participated in a reciprocal visiting professorship at the University of Graz, Austria. Fred Lembeck, MD, of the University of Graz visited MCP in July. Milton J. Freiwald, MD, Philadelphia ophthalmologist, assisted in arrangements for the exchange.

Colin Movsowitz, MD, of Albert Einstein Medical Center, is one of 10 U.S. medical residents to receive the 1990 Upjohn Outstanding Medical Resident Award. Winners are selected by scientists at the National Institutes of Health on the basis of outstanding academic potential.

Paul M. Kanev, MD, has been appointed chief of the Section of Neurosurgery at St. Christopher's Hospital for Children.

Nancy E. Gary, MD, Washington, D.C., received an honorary degree and the Alumni Achievement Award from the Medical College of Pennsylvania, in recognition of her contributions and achievements as an academician, researcher and physician. She was recently named senior medical advisor to the administrator of the Health Care Financing Administration.

Roger J. Pomerantz, MD, has joined the Department of Medicine at Jefferson Medical College as director of the division of infectious diseases. Dr. Pomerantz leads a laboratory that will focus on the molecular origin and development of human immunodeficiency virus infection.

Andrew Peitzman, MD, served as course director for the International Congress on Emergency and Trauma Medicine held last month in Pittsburgh. He is director of the University Trauma Center at Presbyterian University Hospital, a Regional Resource Level One Trauma Center.

William N. Kelley, MD, executive vice president and dean of the University of Pennsylvania School of Medicine, chaired the school's 225th anniversary symposium, "Future of Health Care in America." Speakers included several internationally recognized medical leaders.

David Greenspan, MD, is director of a new geriatric outpatient evaluation service at The Institute of Pennsylvania Hospital, Philadelphia. He is also director of the hospital's inpatient geriatric psychiatric program.

Richard J. Kozera, MD, senior associate dean and professor of internal medicine at Temple Univesrity's School of Medicine, has been named acting dean.

Theodore Yarboro, MD, Hermitage, will answer readers' medical questions for the Sunday Sharon Herald as one of several local columnists. Dr. Yarboro, a family practitioner, is a past president of the Mercer County Medical Society.

William Levinson, MD, Mount Pleasant family practitioner, was honored by Frick Community Health Center with a special recognition and retirement dinner for his 40 years of service to the health center.

David K. Wagner, MD, Philadelphia, professor and chairman of the Department of Emergency Medicine, Medical College of Pennsylvania, received the Leadership Award from the Society for Academic Emergency Medicine. The award recognizes his national leadership in the field.

CALL FOR ABSTRACTS

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"It's uniquely sensitive, flexible, allowing you the freedom to accomplish otherwise impossible tasks. And, my Army Reserve pay plus my stipend pays me up to $11,000 per year. I'm a fourth year general surgical resident at Episcopal Hospital in Philadelphia with plans to subspecialize in hand surgery. When I was introduced to the Reserve's new STRAP program, the financial rewards were obvious and the flexibility during my training made it unbeatable. I have been able to postpone my Reserve participation until I have time, and still receive my STRAP stipend. My opportunities to work in hand surgery at Walter Reed, to work on a health care development project in Honduras, to experience medicine in the broader sense would not exist were I not in the Army Reserve. It's worth the service obligation. It's a win-win situation."

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ER physicians — Full-time/part-time positions available NJ, PA, NY. Emergency medicine experience preferred. Guaranteed compensation and paid malpractice. For more information call (215) 521-5100 (within PA), 1-800-TRAUMA6 (outside PA), or send CV to Trauma Service Group PC, Scott Plaza, Building Two, Suite 114, Philadelphia, PA 19113.

Family practice opportunities — Muncy Valley Hospital is seeking four individuals to establish practices in surrounding rural communities. Competitive, flexible financial assistance opportunities available. If interested, call George J. Geib, (717) 546-8282.

Board Certified FP seeking BC/BE FP or IM to join busy practice in a growing university town in central Pennsylvania. Excellent opportunity-competitive salary-no OB. Inquiries to Lewisburg Family Practice, 55 N. 5th St., Lewisburg, PA 17837.

Radiologist — Full or P/T for out-patient imaging center, suburbs of Phila. CT experience necessary. MRI experience desirable. Call Judy Weiss (215) 752-8080.

Emergency medicine positions available — Suburban Philadelphia emergency department group seeking emergency department physician for open position. Candidate must be BC/BP in emergency medicine, internal medicine or surgery, and certified in ACLS/ATLS. Contact John D. Gorry, MD, FACEP, Chairman, Department of Emergency Medicine, Crozer-Chester Medical Center, 15th and Upland Ave., Chester, PA 19013, (215) 874-8177.

OB/GYN New York — 32-member multi-specialty group in Long Island, New York, adding third member to its department of obstetrics and gynecology. First year, 6-figure salary, four weeks vacation, other benefits. Call Wanda Parker, Senior Associate, E.G. Todd Associates, Inc., 535 Fifth Ave., Suite 1100, New York, NY 10017. Toll Free (800) 221-4762. Collect (212) 599-6200.

Pediatricians, Family Practitioners, Philadelphia suburbs — Group, solo, equity arrangements. Confidentiality protected. Contact Al Yannelli, Yannelli, Randolph & Co., 994 Old Eagle School Rd., Suite 1020, Wayne, PA 19087 (215) 964-1616.

Western Pennsylvania — Board Certified or prepared emergency physicians needed for staffing a community hospital emergency department near the Ohio/Pennsylvania border. Please send CV to P.O. Box 99431, Pittsburgh, PA 15233-0431.

Pennsylvania — Physician group seeks full-time and part-time physicians for an emergency department of community hospitals in central and western Pennsylvania. Please send resume to P.O. Box 99431, Pittsburgh, PA 15233-0431.

Family practice — Progressive, fast growing group practice in central Bucks area seeking new family physician. Competitive benefit package with ownership in future. Contact: Dr. Stuart Rosan, Doylestown and Warrington Family Practice, Penns Court, Suite 215, 350 S. Main St., Doylestown, PA

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Physican needed, one of four person medical team, for large long-term care facility providing care for congregate living, personal care, and IC/SC needs; in addition, provides care for 50 school-age children, and is expanding to care for an additional 300 or more persons in an independent living community. Total program involves approximately 1,100 or more persons. BE/BC in general/family practice, general internist, or geriatrics preferred. Competitive salary, excellent benefit package with liability and health program. Opportunity for continuing medical education. **Respond to: Masonic Homes, Personnel Director, One Masonic Dr., Elizabethtown, PA 17022; (717) 367-1121 ext. 135. EOE.**

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The Allentown Hospital – Lehigh Valley Hospital Center, an 830–bed regional tertiary care teaching hospital, is seeking an administrator who will report to the Senior Vice President of Medical and Academic Affairs and will work in cooperation with program directors in developing and maintaining the hospital's medical educational programs.

Our hospital is a clinical campus of Hahnemann University in Philadelphia and trains 65 residents and 400 medical students each year. We have free–standing residencies in medicine, general surgery, colon and rectal surgery, plastic surgery, obstetrics and gynecology and general dentistry. The hospital also provides fellowship training in trauma research, radiology and gastroenterology.

Our new Administrator of Medical Education will have a minimum of a Master's Degree in Education with three to five years of administrative experience in medical education at a university or teaching hospital. We offer an excellent salary and benefits package and are interested in filling the position as soon as possible as our current medical education administrator is retiring in December.

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18901. (215) 348-4916.

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Ob/Gyn — Established multi-specialty medical group providing care to a pre-paid and growing fee-for-service patient base seeks BC/BE ob/gyn physicians for Philadelphia office. Teaching opportunities and faculty appointments available. Excellent salary, benefits, and paid malpractice. Send CV to Betty Goldberg, Suite 300, 9600 Roosevelt Blvd., Philadelphia, PA 19115.

Wanted — Physician for urgent care medicine center. Full or part-time. Emergency medicine background desireable. Must be able to read ECG's and routine x-rays. Competitive salary, malpractice insurance, annual vacation, and every holiday off. Box 343, PENNSYLVANIA MEDICINE, 777 East Park Dr., P.O. Box 8820, Harrisburg, PA 17105-8820.

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Board Certified eligible internist. Salary commensurate with experience and qualifications. Recurring bonus available. Federal malpractice insurance; 30 days paid vacation; 15 days sick leave per year; CME leave and reimbursement plan with tax deferred savings plan and matching government contributions. Health and life insurance. Contact: Personnel Service, James E. Van Zandt, VA Medical Center, Altoona, PA 16602-4377, (814) 943-8164. Ext. 7039. Equal Opportunity Employer.

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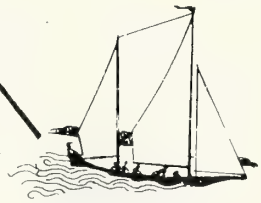

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Ophthalmology	Ohio	$1,400,000
Ophthalmology	West Texas	$400,000
Ophthalmology	Detroit suburbs	$1,000,000
Radiology	South Jersey	$850,000
Radiology	Philadelphia suburbs	$325,000

For additional information, please contact:

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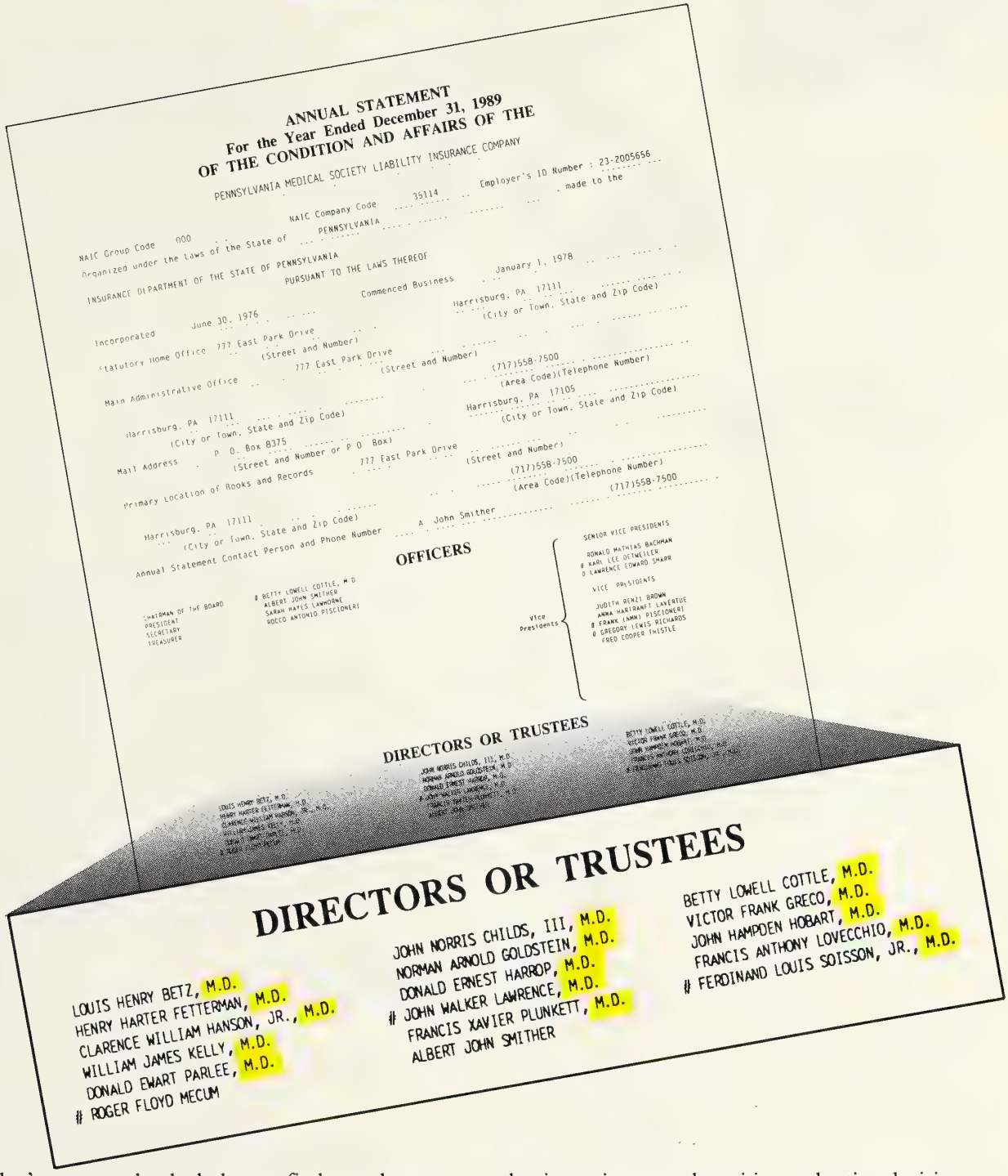

ANNUAL STATEMENT
For the Year Ended December 31, 1989
OF THE CONDITION AND AFFAIRS OF THE
PENNSYLVANIA MEDICAL SOCIETY LIABILITY INSURANCE COMPANY

Employer's ID Number : 23-2005656

NAIC Company Code 35114 made to the

NAIC Group Code 000

Organized under the Laws of the State of PENNSYLVANIA

INSURANCE DEPARTMENT OF THE STATE OF PENNSYLVANIA PURSUANT TO THE LAWS THEREOF

Incorporated June 30, 1976 Commenced Business January 1, 1978

Statutory Home Office 777 East Park Drive (Street and Number) Harrisburg, PA 17111 (City or Town, State and Zip Code)

Main Administrative Office 777 East Park Drive (Street and Number) (717)558-7500 (Area Code)(Telephone Number)

Harrisburg, PA 17111 (City or Town, State and Zip Code)

Mail Address P O. Box 8375 (Street and Number or P O Box) Harrisburg, PA 17105 (City or Town, State and Zip Code)

Primary Location of Books and Records 777 East Park Drive (Street and Number) (717)558-7500 (Area Code)(Telephone Number)

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Annual Statement Contact Person and Phone Number A. John Smither (717)558-7500

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existing tenants; perfect for group; present owners (internist/radiologist) will remain as tenants if desirable. No money needed. Contact: HAY Investment Co. (215) 742-4740.

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10. Extent and Nature of Circulation *(See instructions on reverse side)*	Average No. Copies Each Issue During Preceding 12 Months	Actual No. Copies of Single Issue Published Nearest to Filing Date
A. Total No. Copies *(Net Press Run)*	21,144	20,162
B. Paid and/or Requested Circulation 1. Sales through dealers and carriers, street vendors and counter sales	------	------
2. Mail Subscription *(Paid and/or requested)* nonmembers	340	325
included in dues	20,032	18,871
C. Total Paid and/or Requested Circulation *(Sum of 10B1 and 10B2)*	20,372	19,196
D. Free Distribution by Mail, Carrier or Other Means Samples, Complimentary, and Other Free Copies	633	835
E. Total Distribution *(Sum of C and D)*	21,005	20,031
F. Copies Not Distributed 1. Office use, left over, unaccounted, spoiled after printing	139	131
2. Return from News Agents	------	------
G. TOTAL *(Sum of E, F1 and 2—should equal net press run shown in A)*	21,144	20,162

11. I certify that the statements made by me above are correct and complete

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Mary L. Uehlein, Managing Editor

PS Form 3526, Dec. 1987 *(See instructions on reverse)*

ADVERTISERS' INDEX

A.H. Webb, MD **49**
Azetta Spicer **50**
Bertholon Rowland Agencies **9**
Cutter Biological **15**
Data-Med, Inc. **28**
Dodson Insurance Group **11**
Dr. Don Asmus **29**
Elcomp Systems **19**
Eli Lilly Company **43**
Fox Chase Cancer Center **21**
Fulton, Longshore & Associates **50**
Glaxo, Inc. **1–2**
Hahnemann University **25**
Healthsearch **48**
Hessler Enterprises **26**
Interstat **29**
Masonic Homes **48**
Medical Center of Beaver **41**
Medical Personnel Pool **20**
Medical Protective Co. **27**
Nittany Lion Inn **45**
Orion Systems **17**
Palisades Pharmaceuticals **17**
Pennsylvania Blue Shield **13, 35**
Philadelphia Heart Institute **37**
Physicians' Health Programs **33**
Physicians Insurance Co. **39**
PMS Liability Insurance Company **51**
Rehab Hospital of York **23**
Roche Laboratories **Covers 3, 4**
Shared Medical Systems **29**
Thoracic Surgery Assn. of PA **46**
U.S. Army Reserve STRAP Program **47**
Wasserott's **7**

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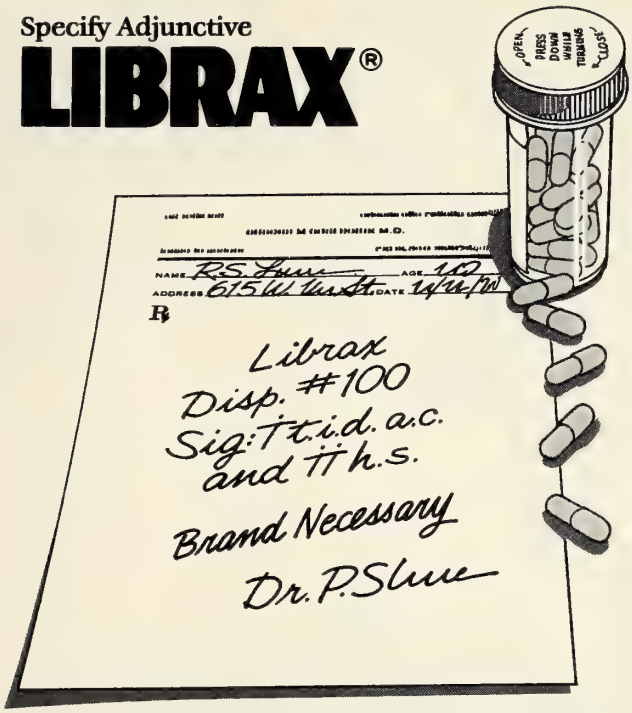

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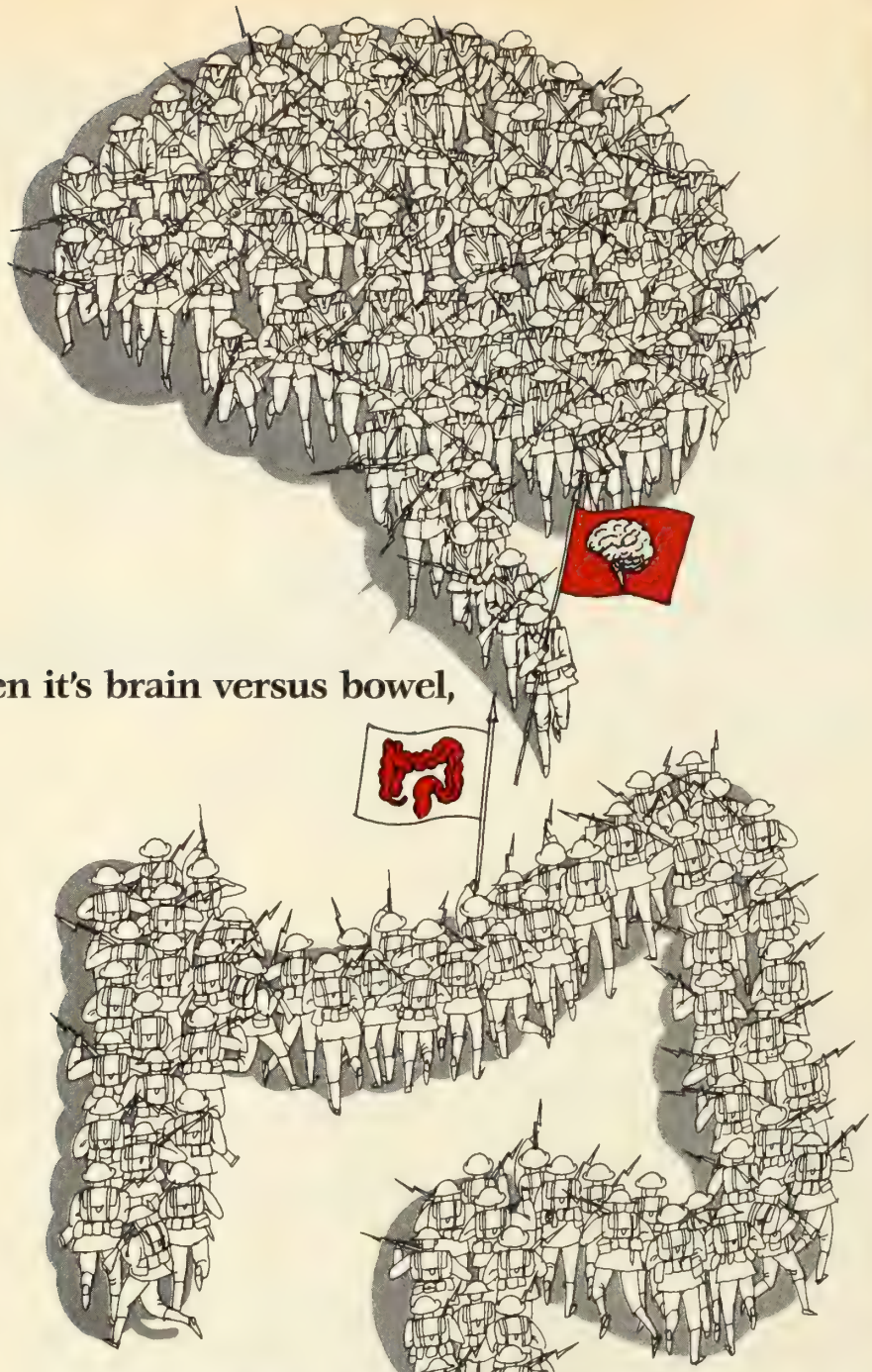

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*Librax has been evaluated as possibly effective as adjunctive therapy in the treatment of peptic ulcer and IBS.

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Please see summary of prescribing information on adjacent page.

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DECEMBER 1990

VOLUME 93, NUMBER 12

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IN THIS ISSUE

12 *State Society debates policies at meeting*
election results, House of Delegates decisions

21 *The Cruzan decision: an ethical perspective*
implications of a crucial ruling

28 *Critical care ethics: conflict or compromise?*
the physicians' dilemma

38 *Medical Students Insider*
growing activism, increasing concerns

◀ *1990 House of Delegates Pennsylvania Medical Society*

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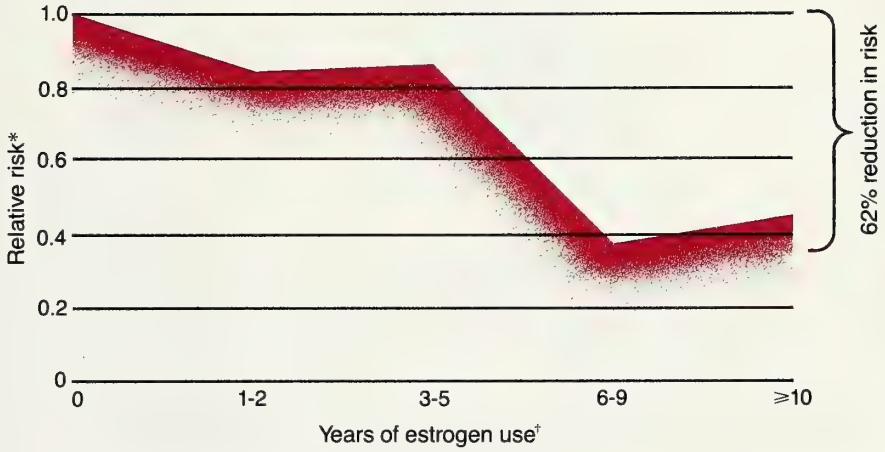
Relative risk of hip and wrist fractures in postmenopausal women according to duration of estrogen therapy



*Standardized for age group (50 to 59, 60 to 69, and 70 to 74 years), history of hysterectomy, and current use versus past use of estrogens
†Includes women using estrogen less than 1 year

Adapted from Weiss et al[1]

PREMARIN®
(conjugated estrogens tablets)

OSTEOPOROSIS
The only cure is prevention

Estrogens have been reported to increase the risk of endometrial carcinoma in postmenopausal women. Estrogens should not be used in women (or men) with any of the following conditions: known or suspected 1) pregnancy, 2) breast cancer, 3) estrogen-dependent neoplasia, 4) undiagnosed abnormal genital bleeding, 5) active thrombophlebitis or thromboembolic disorders.

Please see brief summary of prescribing information on next page.

BRIEF SUMMARY *(FOR FULL PRESCRIBING INFORMATION AND PATIENT INFORMATION, SEE PACKAGE CIRCULARS.)*

PREMARIN® Brand of conjugated estrogens tablets, USP
PREMARIN® Brand of conjugated estrogens Vaginal Cream, in a nonliquefying base

1. ESTROGENS HAVE BEEN REPORTED TO INCREASE THE RISK OF ENDOMETRIAL CARCINOMA
Close clinical surveillance of all women taking estrogens is important. Adequate diagnostic measures including endometrial sampling when indicated should be undertaken to rule out malignancy in all cases of undiagnosed persistent or recurring abnormal vaginal bleeding. There is currently no evidence that "natural" estrogens are more or less hazardous than "synthetic" estrogens at equiestrogenic doses.
2. ESTROGENS SHOULD NOT BE USED DURING PREGNANCY
Estrogen therapy during pregnancy is associated with an increased risk of congenital defects in the reproductive organs of the male and female fetus, an increased risk of vaginal adenosis, squamous-cell dysplasia of the uterine cervix, and vaginal cancer in the female later in life. The 1985 DES Task Force concluded that women who used DES during their pregnancies may subsequently experience an increased risk of breast cancer. However, a causal relationship is still unproven, and the observed level of risk is similar to that for a number of other breast cancer risk factors.
There is no indication for estrogen therapy during pregnancy. Estrogens are ineffective for the prevention or treatment of threatened or habitual abortion.

DESCRIPTION: PREMARIN (conjugated estrogens, USP) contains a mixture of estrogens, obtained exclusively from natural sources, blended to represent the average composition of material derived from pregnant mares' urine. It contains estrone, equilin, and 17α-dihydroequilin, together with smaller amounts of 17α-estradiol, equilenin, and 17α-dihydroequilenin as salts of their sulfate esters. Tablets are available in 0.3 mg, 0.625 mg, 0.9 mg, 1.25 mg, and 2.5 mg strengths of conjugated estrogens. Cream is available as 0.625 mg conjugated estrogens per gram.

INDICATIONS AND USAGE: Moderate-to-severe vasomotor symptoms associated with the menopause. (There is no evidence that estrogens are effective for nervous symptoms or depression which might occur during menopause and they should not be used to treat these conditions.) Prevention and management of osteoporosis (abnormally low bone mass). Atrophic vaginitis. Atrophic urethritis. Hypoestrogenism due to hypogonadism, castration or primary ovarian failure.
PREMARIN (conjugated estrogens) Vaginal Cream is indicated in the treatment of atrophic vaginitis and kraurosis vulvae.
PREMARIN HAS NOT BEEN SHOWN TO BE EFFECTIVE FOR ANY PURPOSE DURING PREGNANCY AND ITS USE MAY CAUSE SEVERE HARM TO THE FETUS (SEE BOXED WARNING).

CONTRAINDICATIONS: Estrogens should not be used in women (or men) with any of the following conditions: 1. Known or suspected pregnancy (see Boxed Warning). 2. Known or suspected cancer of the breast except in appropriately selected patients being treated for metastatic disease. 3. Known or suspected estrogen-dependent neoplasia. 4. Undiagnosed abnormal genital bleeding. 5. Active thrombophlebitis or thromboembolic disorders. 6. Estrogen replacement therapy has not been reported to increase the risk of thrombophlebitis and/or thromboembolic disease. However, there is insufficient information regarding women who have had previous thromboembolic disease.
PREMARIN Tablets and Vaginal Cream should not be used in patients hypersensitive to their ingredients.

WARNINGS: Some studies suggest a possible increased incidence of breast cancer in women taking higher doses of estrogen for prolonged time periods. The majority of studies have not shown an association with usual estrogen replacement doses. Endometrial cancer risk among estrogen users was about 4-fold or greater than in non-users, and appears dependent on treatment duration and estrogen dose. In patients on combined estrogen-progestin therapy, this risk appears to be decreased. (See PRECAUTIONS below.)
Estrogen therapy during pregnancy is associated with an increased risk of fetal congenital reproductive tract disorders.
A 2.5-fold increase in the risk of surgically confirmed gall bladder disease in women receiving postmenopausal estrogens has been reported.
Large doses of estrogen such as those used to treat prostate and breast cancer have been shown to increase the risk of non-fatal myocardial infarction, pulmonary embolism, and thrombophlebitis in men. This cannot necessarily be extrapolated to women. However, to avoid theoretical cardiovascular risk caused by high estrogen doses, the doses for estrogen replacement therapy should not exceed the recommended dose.
Blood pressure should be monitored with estrogen use, especially if high doses are used.
Estrogens may lead to severe hypercalcemia in patients with breast cancer and bone metastases.

PRECAUTIONS: The addition of a progestin for 7 or more days of a cycle of estrogen administration reportedly lowers the incidence of endometrial hyperplasia. Studies of endometrium suggest that 10 to 13 days of progestin are needed to provide maximal endometrial maturation and elimination of hyperplastic changes. Additional risks, such as adverse effects on carbohydrate and lipid metabolism, may be associated with the inclusion of progestin in estrogen replacement regimens. The choice of progestin and dosage may be important in minimizing these adverse effects.
Physical examination and a complete medical and family history should be taken prior to the initiation of any estrogen therapy with special reference to blood pressure, breasts, abdomen, and pelvic organs, and should include a Papanicolaou smear. As a general rule, estrogen should not be prescribed for longer than one year without another physical examination being performed. Conditions influenced by fluid retention, such as asthma, epilepsy, migraine, and cardiac or renal dysfunction, require careful observation. Certain patients may develop manifestations of excessive estrogenic stimulation, such as abnormal or excessive uterine bleeding and mastodynia. Pre-existing uterine leiomyomata may increase in size during estrogen use. Estrogens should be used with care in patients with impaired liver function, renal insufficiency, or metabolic bone diseases associated with hypercalcemia.
The following drug/laboratory test interactions have been reported, some only with estrogen-progestin combinations (oral contraceptives):
1. Increased prothrombin and factors VII, VIII, IX, and X; decreased antithrombin 3; increased norepinephrine-induced platelet aggregability.
2. Increased thyroid binding globulin (TBG) leading to increased circulating total thyroid hormone, as measured by T_4 levels determined by column or by radioimmunoassay. Free T_3 resin uptake is decreased, reflecting the elevated TBG, free T_4 concentration is unaltered.
3. Impaired glucose tolerance.
4. Reduced response to metyrapone test.
5. Reduced serum folate concentration.

MUTAGENESIS AND CARCINOGENESIS: Long-term, continuous administration of natural and synthetic estrogens in certain animal species increases the frequency of carcinomas of the breast, cervix, vagina, and liver.

PREGNANCY CATEGORY X: Estrogens should not be used during pregnancy. See **CONTRAINDICATIONS** and Boxed Warning.

NURSING MOTHERS: As a general principle, the administration of any drug to nursing mothers should be done only when clearly necessary since many drugs are excreted in human milk.

ADVERSE REACTIONS: The following have been reported with estrogenic therapy: changes in vaginal bleeding pattern and abnormal withdrawal bleeding or flow, breakthrough bleeding, spotting, increase in size of uterine fibromyomata, vaginal candidiasis, change in amount of cervical secretion; tenderness or enlargement of breasts; nausea, vomiting, abdominal cramps, bloating, cholestatic jaundice, chloasma or melasma that may persist when drug is discontinued, erythema multiforme, erythema nodosum, hemorrhagic eruption, loss of scalp hair, hirsutism; steepening of corneal curvature, intolerance to contact lenses; headache, migraine, dizziness, mental depression, chorea, increase or decrease in weight, reduced carbohydrate tolerance, aggravation of porphyria, edema, changes in libido.

ACUTE OVERDOSAGE: May cause nausea and vomiting.

DOSAGE AND ADMINISTRATION:
PREMARIN® Brand of conjugated estrogens tablets, USP
1. *Given cyclically for short-term use only.* For treatment of moderate-to-severe vasomotor symptoms, atrophic vaginitis, or atrophic urethritis associated with the menopause (0.3 mg to 1.25 mg or more daily). The lowest dose that will control symptoms should be chosen and medication should be discontinued as promptly as possible. Administration should be cyclic (eg, three weeks on and one week off). Attempts to discontinue or taper medication should be made at three- to six-month intervals.
2. *Given cyclically:* Hypoestrogenism. Osteoporosis.
Hypoestrogenism due to: Female hypogonadism—2.5 mg to 7.5 mg daily in divided doses for 20 days followed by 10 day rest period. If bleeding does not occur by the end of this period, the same dosage schedule is repeated. Female castration or primary ovarian failure—1.25 mg daily, cyclically. Adjust upward or downward according to response of the patient. For maintenance, adjust dosage to lowest level that will provide effective control.
Osteoporosis—0.625 mg daily. Administration should be cyclic (eg, three weeks on and one week off).

PREMARIN® Brand of conjugated estrogens Vaginal Cream
Given cyclically for short-term use only. For treatment of atrophic vaginitis or kraurosis vulvae.
The lowest dose that will control symptoms should be chosen and medication should be discontinued as promptly as possible.
Attempts to discontinue or taper medication should be made at three- to six-month intervals.
Usual dosage range: 2 g to 4 g daily, intravaginally, depending on the severity of the condition.
Patients with an intact uterus who are treated with either PREMARIN Tablets or Vaginal Cream should be monitored for signs of endometrial cancer and appropriate measures taken to rule out malignancy in the event of persistent or recurring abnormal vaginal bleeding.

Revised August 21, 1989

PREMARIN®
(conjugated estrogens tablets)

The appearance of this tablet is a registered trademark of Wyeth-Ayerst Laboratories.

OSTEOPOROSIS
The only cure is prevention

Reference:
1. Weiss NS, Ure CL, Ballard JH, et al. Decreased risk of fractures of the hip and lower forearm with postmenopausal use of estrogen. *N Engl J Med* 1980;303:1195-1198.

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TABLE OF CONTENTS

NEWSFRONTS

6 Medigram—*late news at press time*

12 State Society debates policy at meeting—*House of Delegates meets in Hershey*

14 New president examines trends—*Dr. MacLeod offers recommendations*

16 Stakes too high for apathy, past leader says—*Dr. Danyo urges action*

18 Dr. Bluemle honored with highest award—*Philadelphian joins distinguished honorees*

18 State Society posts election results—*new vice president, trustees, delegates*

21 Blue Shield requests record refunds—*quarterly report announced*

EDITORIAL

8 Love, dignity, respect: a new year's resolution—David A. Smith—*thoughts from decade past still hold true*

PRESIDENT'S PAGE

10 A forum for health care—Gordon K. MacLeod—*issues bring health care providers together*

SPECIAL FEATURES

21 The Cruzan decision: an ethical perspective—James F. Drane—*implications for physicians and public*

28 Critical care ethics: conflict or compromise?—Robert Taraszewski and J. Robert Burns—*the physicians' dilemma*

MEDICAL STUDENTS INSIDER

38 Medical Student Section holds annual meeting—*students gather in Hershey*

39 State leaders: Governing Council—*election results*

39 Standing committees for 1991 in place—*priority topics addressed*

39 New journal created by medical student—*ethics and medicine*

40 Speak out: why did we become physicians?—John Whyte—*physicians not bad guys*

41 My obsession with solving drug abuse—Tom McCarter—*lessons for the next generation*

IN MY OPINION

42 Body image and its modification—Fred B. Rogers—*mysteries of the mind's eye*

PRACTICE MANAGEMENT

46 Reducing estate taxes: check details—The Health Care Group—*plan and carry out carefully*

DEPARTMENTS

20 Advertisers' index

22 Physicians in the news

44 Obituaries

48 New members

50 Classified advertising

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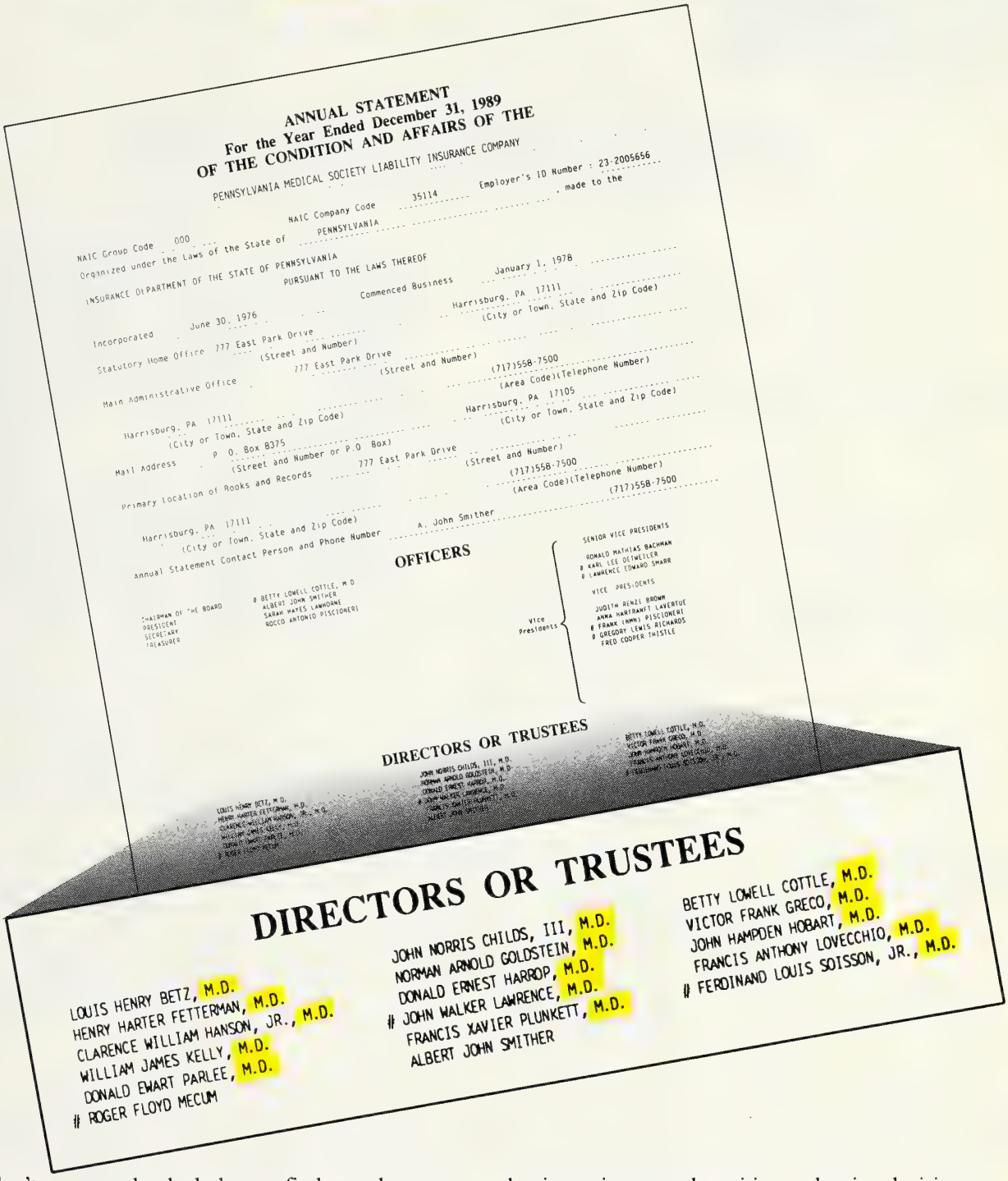

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GOVERNOR CASEY SIGNS AIDS BILL

Governor Bob Casey signed Senate Bill 1163, the AIDS confidentiality bill, on November 29, 1990, following unanimous House and Senate approval. The State Society was a key player in support of the bill, especially provisions to encourage those at risk to undergo testing. It also allows health care workers with significant AIDS exposure to obtain a test of patient's blood on hand without patient consent under certain limited circumstances. The bill prohibits testing without a patient's informed consent, except in specifically cited situations, and provides civil immunity for physicians who appropriately disclose, or fail to disclose, a patient's HIV-positive status to sexual or needle sharing partners at risk for infection.

DEADLINE EXTENSION SOUGHT ON PARTICIPATION DECISION

The State Society has asked the Health Care Financing Administration for an extension of the deadline for Medicare participation decisions. With decisions from physicians due December 31, 1990, the request is for an additional month, to January, 31 1991. A ruling on the Society's litigation challenging the Medicare Fee Control Act had not been released by the first week in December and Blue Shield's mailing of its "Dear Doctor" letter with 1991 participation information was late, leaving a very short period for decision making.

HEALTH DEPARTMENT TESTS INFANTS IN HIV SURVEY

In early December the Pennsylvania Department of Health joined 44 other states, Washington DC, and Puerto Rico, in a test of blood specimens from all newborns for HIV infection. The seroprevalence survey among women of childbearing age is part of a national HIV prevalence study to estimate HIV infection levels and trends. The survey is not to be used for diagnostic purposes or prenatal/neonatal screening, testing, or counseling. Names and hospital of birth will be excluded from the demographic data collected at the metabolic screening laboratory and forwarded to the health department for testing and analysis.

LIVING WILL PROPOSAL DIES LATE IN SESSION

Society-backed legislation enabling Pennsylvanians to execute living wills died at the end of the 1989-90 legislative session due to last minute amendments. The Society stood with the state hospital association, bar association groups, the nurses association, the American Association of Retired Persons, and other groups to agree on language in the bill. However, the Pennsylvania Catholic Conference attached complicating amendments concerning nutrition and hydration and exemption of pregnant patients. Legislators could not reach consensus before the session's end.

AMA DELEGATES CARRY RESOLUTIONS TO MEETING

Pennsylvania delegates carried a total of 17 resolutions (including two late submissions) for submission to the Interim Meeting of the AMA House of Delegates this month in Florida. Forty Pennsylvania delegates and alternate delegates attended. Joseph N. Demko, MD, chaired the delegation; Donald C. Brown, MD, is vice chairman. Among AMA actions urged by the resolutions are: ensuring that every medical school have a department of family practice; urging the American Association of Retired Persons to ask in its membership survey whether exclusion of the wealthy elderly from "balance billing ban-type" laws would be acceptable; concurrent review procedures of inpatient care by HMO representatives; urging repeal of portions of the Catastrophic Coverage Act of 1988; and urging Congress to eliminate state interference to balance billing.

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EDITORIAL

LOVE, DIGNITY, RESPECT: A NEW YEAR'S RESOLVE

David A. Smith, MD

Dr. Smith retired as medical editor of this publication in December 1988. He wrote this editorial for the December 1981 issue. It remains as pertinent 10 years later as it was then.

"We are members of one great body, planted by nature in mutual love, and fitted for social life. We must consider that we were born for the good of the whole." Seneca.

The traditional goals of medicine and the medical profession have been the maintenance of health and the preservation of life. These values are, in part, an outgrowth of early Judaic law which taught respect for human life, universal justice, and equality of all men, now more commonly referred to as the Western Ethic.

In recent years, the shift away from these long revered values has been evident especially in the areas of family and community responsibility. Family closeness seems to have diminished with neither younger nor older generations showing much respect or tolerance for one another. A rise in nursing home occupancy and apartments for the elderly shows a shift away from the traditional respect for or care of our elder family members. We perceive the old ones to be a burden for which we are not accountable. We rely on the government to provide where the family once did.

An over-emphasis on individual rights, a sort of self-gratification, the world owes me, attitude, is espoused. We've become an "I" society instead of a "we" society. Little attention is directed to national, community, or even individual responsibilities.

The erosion of family paved the way for government expansion into the areas of community responsibility failures. In attempting to fill this void government undertakes programs either by legislation or regulation to ensure equality and benevolence for the poor and helpless. Thus Medicare for the aged and Medicaid for the poor, the contemplation of catastrophic national health insurance and even government sponsored HMOs are representative of government attention to social responsibility that has been abdicated by the family and the individual. We as a society demand the "right" to health for everyone without regard for responsibility to correct detrimental personal habits, community public health education/preventive medicine, or individual willingness to assume increasing financial responsibility.

For physicians, these new moral values have not changed the goals of medicine, that is, maintenance of health and preservation of life, but they have made the practice of medicine more difficult. Increasing numbers of elderly people with medical needs, coupled with shortage of nursing home beds, portends a serious problem for medicine in the years to come. Societal selfishness, for medicine, has meant the necessity of documentation of all conversations and actions, a legal solution to problems often growing out of simple human error, and escalating erosion of the physician-patient relationship.

With the coming of the new year, we as a society must concentrate on a change of attitude, a reawakening if you will. We must examine what is meant by "rights" with the realization that to each right we claim is an appended responsibility which each individual in our society must accept. Mahatma Gandhi reminds us that, "Rights accrue automatically to him who duly performs his duties."

We must resolve, in the spirit of the season and throughout the rest of the year, to treat each other with love, dignity and respect. Confucious said that, "He who wishes to secure the good of others has already secured his own." We must seek to rediscover the "we" in our society, to have and be friends, to look after one another. Albert Einstein observed, "Many times I realize how much my own outer and inner life is built upon the labors of my fellow men, both living and dead, and how earnestly I must exert myself in order to give in return as much as I have received."

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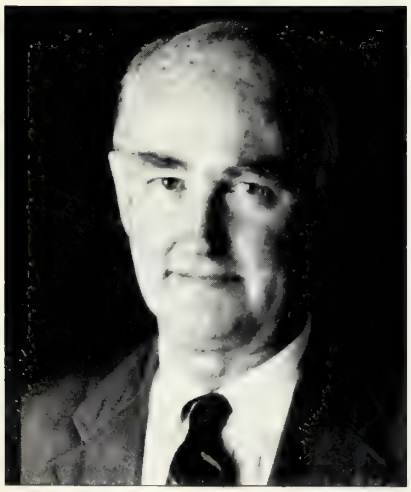
Gordon K. MacLeod, MD



As you read this, the Society is planning, at my request, a unique event to take place early in the new year: a health care providers' forum on legislative concerns.

The 1991 federal budget and its impact on Medicare present a common threat to all physicians and other health care providers. Ironically, this threat has the potential to unite the health care community for the good of all our patients.

Cuts in Medicare spending will have a serious effect on access to health care, on the financial health of hospitals, and on practitioners of all sorts. Moreover, the budget reductions that will continue over the next five years will gradually bring about the closure and consolidation of hospitals and restrict professional opportunities and careers—not only causing physicians to move their practices away from areas that need them most, but reducing or eliminating jobs for nurses, technicians, and a host of other personnel.

The Medicare program has come to embrace not only physicians and hospitals, but skilled care facilities, medical suppliers, home health care—in short, a very broad range of health care. Yet, in late 1990 we find that each health care organization in Pennsylvania continues to pursue its own agenda with minimal contact with other groups. I believe we can no longer operate in such isolation.

Therefore, as president I have asked the Society to hold a forum of health care providers soon after the general election, the reorganization of state government, and the passage of the federal budget. This forum will be an opportunity for the health care family to come together, to share goals and collaborate on strategies for improving patient care. Since most of our concerns revolve around legislation, that will be the main focus of the assembly.

Representatives of the health care provider family in Pennsylvania are being invited to share their priorities and then brainstorm on how these can be woven together into a cooperative and complementary strategy. Invitees include physicians of all specialties, dentists, podiatrists, nurses, pharmacists, physical therapists, social workers and representatives of institutions ranging from medical schools and acute care hospitals to long term care, rehabilitative, and psychiatric facilities.

Such a meeting will yield two broad benefits. First, each group should gain a greater appreciation for the others. Second, it may be possible to forge new alliances on specific issues. Finally if all of us concentrate on the patient, perhaps some of the barriers between us will drop and a spirit of cooperation will emerge.

If we do not take responsibility for a cooperative approach to the delivery and financing of health care in the Commonwealth, we can hardly complain when others do it for us. Organized medicine must guard against becoming too isolated. It's easy for an organization as large and complex as the Medical Society to become absorbed in the details of daily functioning to the exclusion of opportunities on the horizon.

As we share concerns with other groups, we can better hone our own policies and gain wider support in the provider community and, beyond that, in the communities of consumers and lawmakers. It's my hope that this forum will be a definitive first step in that direction.

MRI UPDATE

Figure 1

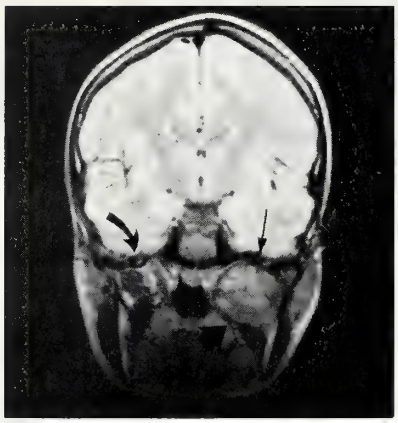


Figure 2

CLINICAL INFORMATION: This is a 14-year-old male with headache and left jaw pain.

FINDINGS: The axial image (figure 1) demonstrates a 4 cm. mass centered in the left parapharyngeal space. It deforms the left nasopharyngeal wall, but the fat plane between the nasopharyngeal wall and the mass indicates that the mass did not arise from epithelium there. The mass extends anteriorly through the pterygopalatine fossa to abut the posterior wall of the maxillary sinus (arrowhead), but it does not appear to invade the sinus. The mass extends laterally adjacent to the neck of the mandibular condyle (large arrow). It is separated from the deep lobe of the parotid by the deep branch of the facial artery. The mass is separated by fat from the internal jugular vein (open arrow). It abuts, but does not encase the internal carotid artery (long arrow). The coronal image (figure 2) demonstrates the mass effect of this large lesion (large arrow). Though the mass lies adjacent to the foramen ovale (small arrow) and appears to engulf an exiting branch of the mandibular nerve, it does not extend intracranially. The mandibular division of the fifth nerve lying just above the foramen ovale is shown on the normal right side (curved arrow).

COMMENT: MRI clearly demonstrates the size and extent of the mass in this difficult location. CT does not provide the multiplanar capability and soft tissue detail afforded by MRI which provides complete presurgical staging and analysis. The differential diagnostic possibilities must include juvenile angiofibroma because of the patient's age and sex. Paraganglioma and schwannoma were also considered possibilities. Mixed tumor arising from the deep lobe of the parotid could produce this appearance, but the lesion appeared to be separate from the deep lobe. The biopsy diagnosis was "sarcoma". Rhabdomyosarcoma in this area more commonly occurs in younger children.

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STATE SOCIETY DEBATES POLICY AT MEETING

Prior to his official inauguration, new Society President Gordon K. MacLeod, MD, offered his view of the pressures facing organized medicine in the coming year.

Elaine Herrmann

Restrictive legislation, intrusive third parties, family practice, and public health issues were among the topics debated by State Society delegates meeting in Hershey in October to decide guiding policy for the coming year.

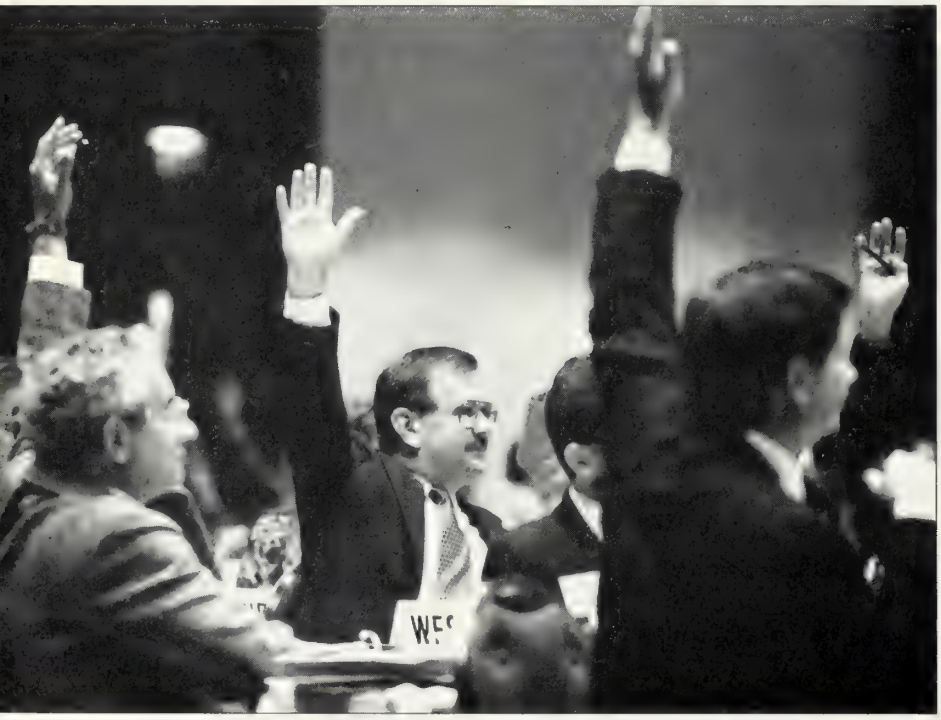
Promptly at 10 a.m. on the 19th, the gathering of more than 330 physicians found their seats, grouped by county delegations, in a large hall at the Hershey Convention Center. Thick binders, labeled "The Voice of Medicine" and heavy with resolutions and information three inches deep, were opened by each delegate as the gavel cracked and order was called.

As the PMS House of Delegates refined current policies and created new ones, this divergent assembly of physicians was restrained by parlimentary procedures, deftly goaded along by the speaker of the house, and persistently guided by dictates of conscience, State Society leaders, and fellow delegates.

Their worries were many. Leaders past and present enumerated the pressures on medicine looming in the turbulent '90s. Immediate Past President J. Joseph Danyo, MD, asked them to "stop chewing up on each other and face the issues;" incoming President Gordon K. MacLeod, MD, gave them his grim vision of the threats to medicine in these "times of peril."

The delegates elected Donald G. Ferguson, MD, a diagnostic radiologist and nuclear medicine specialist from Pittsburgh, as vice president. He confirmed prior speakers' warnings to the delegation, "challenging economic times are upon us." Former Society Vice President Robert N. Moyers, MD, Meadville, became president-elect and will serve as president in 1992.

AIDS, drug abuse, aging, and indigent care topped the list of ongoing concerns described in reports of task forces and councils. Legislative initiatives in the areas of auto insurance reform, the continuing battle over "balance billing" (Health Care Practitioners Medicare Fee Control Act, or 'MOM') legislation, tort reform, and cost containment, were reviewed. New



show of hands often decided controversial or devisive issues during House of Delegate oceedings.

endeavors emerged as the delegates considered ideas couched in the more than 90 resolutions and 60 reports brought before them. Here are highlights of a few such items:

Family medicine
The delegates, concerned about warnings that the specialty of family practice is threatened in Pennsylvania, voted to strengthen Society support for this specialty. Because Pennsylvania's large rural population especially needs this broad-ranging, basic care, family practitioners gained support for two "medical school initiatives" to attract young physicians into the field.

Donald G. Ferguson, MD, newly elected State Society vice president, confers with a delegate.

The State Society recommends that each medical school in Pennsylvania "make a strenuous and long-term effort to graduate a significant percent of their medical students into family practice in Pennsylvania, starting with the class of 1995," according to the resolution. Two subcommittees of the PMS Task Force on Family Practice will be formed to address inner-city and rural health care.

State Society leaders respond to lively debate during the House of Delegates meeting. From left to right are Robert N. Moyers, MD, president elect; Gordon K. MacLeod, MD, president; and J. Joseph Danyo, MD, immediate past president.

Physicians from the Pennsylvania Academy of Family Physicians emphasized that the majority of Pennsylvania's medical schools do not have departments of family practice. They cited the growing shortage of family physicians and a decreasing commitment to family practice at many medical schools as signals that organized medicine must step in with strong support for this specialty.

Public health measures
Not all parents will voluntarily reimmunize their children against measles, the delegates were told, to stem the threat of mini-epidemics foreseen in Pennsylvania. The State Society will urge that free measles vaccine be made available to the state's health department clinics and health care providers. Despite recent increases in prevalence of measles cases, reimmunization continues to depend on parents' initiatives and williness to pay for shots ranging in cost between $30 to $50. Two measles immunizations are not required for school attendance.

Concern about motor vehicle seat belt effectiveness and public safety spurred the delegates to agree that primary rather than secondary enforcement of the state's safety belt use law, Act 82, is necessary. The Society will join the Pennsylvania Chapter of the American College of Emergency Physicians in attempting to amend the law. Under secondary enforcement of the law, a driver must be stopped for another traffic violation to be cited for not wearing a seat belt; with primary enforcement, a driver can be stopped

Lewis Bluemle Jr., MD, received the State Society's highest honor, the Distinguished Service Award, during House of Delegates proceedings in October. Dr. Bluemle, former president of Thomas Jefferson University, Philadelphia, is the 14th recipient of the award.

Reference committees considered testimony on issues to be presented as resolutions before the House of Delegates. Here, members of the Reference Committee on Education and Science hear testimony on family practice issues.

solely for not wearing a seat belt.

Public safety concerns also prompted the delegates to direct State Society support of legislative efforts to identify and rehabilitate those arrested for drunk driving.

In clinically-oriented decisions, the delegates asked that Blue Cross coverage include Pap smears as a basic benefit because of the test's value as a diagnostic tool, and that prepaid prescription plans allow prescriptions for certain classes of drugs (including antidepressants and antianxiety agents) be written for less then three month supplies. The Society will also work with the AMA toward allowing physicians to distribute Clozaril, the controversial new anti-psychotic, without the manufacturer's required surveillance laboratory tests.

Public education materials for use in physicians offices will be produced by the Society, in an effort to directly address some of the public health issues as well as societal issues of concern to physicians.

Delegates anxious to enter into debate lined up at microphones on the House of Delegates floor.

J. Joseph Danyo, MD, expressed his trust in the Society's new leaders in his final address to the delegation before passing the presidency on to Gordon K. MacLeod, MD.

Curbing interference

As organized medicine "regroups" to more pro-actively address increasing external pressures, State Society leaders suggested study of several issues germane to the internal structure of the organization and to Pennsylvania health care in general.

Dr. MacLeod, in his address to the delegates, said the Society ought to explore new relationships with insurance companies other than Pennsylvania Blue Shield, while studying the virtue of efforts to remove the Blues' tax-favored status. He said he will direct the Society to hold a forum of health care providers, following the elections.

Both Dr. MacLeod and his predecessor, Dr. Danyo, recommended the Society study combining the offices of president and chairman of the board, through a committee appointed by the speaker of the house. Also referred to a committee appointed by the speaker was the report of the Ad Hoc Committee on Board Restructuring, which includes a plan for redistributing the delegates from some districts.

Because of budget concerns and recessionary trends, State Society dues will increase $20 for 1991, to $430 for full dues-paying members. Student dues remain at $5. The Board of Trustees presented a balanced budget for 1991 of approximately $9.2 million.

Medicare Fee Control

The State Society will ask the American Association of Retired Persons (AARP) to survey its membership on whether wealthy older residents should come under bans on balance billing. Work will continue toward Congressional action to take states out of the business of enacting legislation to regulate federal Medicare programs.

Medical licensure

An ad hoc committee of the board of trustees will review the State Licensure Board rules and regulations regarding non-American medical school graduates. Support for measures to facilitate licensing of foreign graduates were also adopted.

A uniform fee increase for all physicians was supported in lieu of the licensure board's proposed fee increase for initial license processing, along with speedier licensure procedures.

NEW SOCIETY PRESIDENT EXAMINES FUTURE TRENDS

New State Society President Gordon K. MacLeod, MD, says his vision of medicine's future is creative but conservative, expansive but detailed, and optimistic but tough. Dr. MacLeod, a board certified internist, is clinical professor of medicine at the University of Pittsburgh's School of Medicine and a professor of health services administration at the University's Graduate School of Public Health.

A watershed year

Despite the difficulties facing organized medicine in the coming year, Dr. MacLeod lifted up 1990 as a "watershed year" for physicians. He cited new AMA leadership, State Society unification with the AMA, and increasing strength of the Society's voice in AMA policy as encouraging signs. He recognized Dr. Danyo's "forthright, unapologetic leadership" as having steered PMS through a turbulent year.

Yet despite these efforts, medicine "continues to be besieged by third and fourth parties," Dr. MacLeod said. "The year 1990 was rife with examples of misguided laws and regulations. In each case, management of medicine was ripped from the hands of physicians and placed in the hands of insurance companies, lawmakers, and regulators, with what we all know were disastrous results."

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Recent expansion of the "Blues'" business activities proves a change in their priorities, away from needs of the medical and hospital communities. "In my judgement Blue Shield, for whatever reason, has not caught up with today's changing medical environment," he said, citing as examples problems with coverage, inpatient services still unreimbursed as oupatient services, physicians harrassed by requests for documentation, separation of rural and urban reimbursement rates, arbitrary down-coding of services, anachronistic physician profiles, and discrepancies in payment due to arbitrary or antiquated criteria.

Immediate actions

In his address to the House of Delegates in October, Dr. MacLeod recommended initiatives to deal with needs pressing upon organized medicine in the coming year.

Because of the "legal barrage" being fired on medicine from the controllers and would-be controllers of health policy, Dr. MacLeod said the Society should study increasing the size of its in-house legal staff.

While meetings in 1990 between PMS and Blue Shield leaders were a good step, "we seem to be falling behind their (Blue Shield's) intrusion into medical practice," Dr. MacLeod said. He asked that the Society explore new relationships with a variety of insurance companies, and called for Blue Cross and Blue Shield to forego their tax exemption and compete in the private sector.

He asked that organized medicine seek a closer working relationship with the Department of Environmental Resources, as environmental concerns continue to emerge as priorities in the '90s.

The specialty of occupational medicine should be included in the PMS Interspecialty Committee, and the Society may consider forming a commission on occupational medicine, Dr. MacLeod said. Falling within that specialty, he said, are such vital issues as AIDS, drug abuse, toxic substances, and managed care programs. "Data collection is scattered and the existence of a reliable data base is a glaring deficiency," he said. "I believe we should challenge the administration to unify this accountability and provide us with a reliable occupational health data base."

Leadership questions

Dr. MacLeod agreed with his successor, J. Joseph Danyo, MD, that the Society should study combining the offices of president and chairman of the board. The Society's key issue, he emphasized, is leadership. "I have studied PMS and see us limping under a bifurcated form of leadership mandated by our bylaws," he said. "Today, leadership must be linked more closely to the membership and be more accountable and responsive to it." He also recommended a second, abbreviated meeting of the House of Delegates in conjunction with the Society's annual spring Leadership Conference.

To combat a lingering notion among some physician groups that the Society can be "bureaucratic and slow moving," Dr. MacLeod appointed new leaders at the council level. He also endorsed a plan to redistrict the current trustee districts for more "egalitarian" representation.

Since many of the Society's concerns revolve around health insurance and legislative issues, he recommended the Society hold a health care providers forum following the elections, while the health insurance industry is responding to new Congressional mandates and the state legislature is reorganizing. He hoped each provider would gain greater appreciation for the others, forge alliances on specific issues, and add to a spirit of cooperation.

STAKES TOO HIGH FOR APATHY, PAST LEADER SAYS

J. Joseph Danyo, MD, of York, had two simple goals when he was elected State Society president a year ago: assertiveness and a change in direction. In his farewell address to the PMS House of Delegates in October, he said his aim was "Nothing complex or extensive—just a change in attitude. I feel that I have delivered my promises."

Assuming Dr. Danyo's place at the Society's helm for 1991 is Gordon K. MacLeod, MD, of Pittsburgh.

In assessing the state of organized medicine since his election to leadership, Dr. Danyo said that "The course and practice of medicine in this country have, undeniably, been negatively altered by events of the last two years." While State Society leadership "understands the stakes,"—and has reacted through unification with the AMA, a new communication plan, and assertiveness on various fronts—commitment from the entire membership is necessary for real change.

"Actually, the new order of things is quite simple," Dr. Danyo said. "First, doctors must shed all vestiges of being too busy in patient care matters to attend to 'political care.' Translated, that means we need money and votes for those candidates who share our convictions. Second, we must stop chewing each other up and face the real issues—oppression and deprofessionalization. We and the public *are* the agenda for tomorrow."

He said that local societies must become a force in local issues such as employee health benefits, job security, taxes, school and environmental concerns. He urged local societies to hold press conferences, send news releases, enlist retired doctors to attend and provide input at local hearings. Increased volunteerism by physicians at all levels is a must, he said.

As an example of an important volunteer effort for local societies, Dr. Danyo held up Project Pennsylvania, the Society's project to match retired, volunteer physicians with community-sponsored health facilities that serve the indigent. "I believe this project is an excellent example of what physicians, individually and in medical societies, can do to show how much we really do care about the public's health needs," he told the delegates.

Dr. Danyo warned that without such efforts by the medical community, physicians can expect more regulation, increased administrative costs, decreased reimbursement, more responsibility, and *less* authority. "Now, if that does not turn on every doctor, will the last one around turn out the lights?" he said.

The PMS Board of Trustees is considering two recommendations by Dr. Danyo: to combine the offices of president and chairman of the board, and to distribute to county societies a local initiatives packet with periodic updates

HU

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Department of Medicine Grand Rounds 8:30 a.m.-9:30 a.m.

December 1990 - January 1991

DECEMBER 1990

December 1, 1990

PTCA VS. BYPASS GRAFT SURGERY FOR CORONARY ARTERY DISEASE
William S. Frankl, MD
Vischer Professor of Medicine and Chairman
Department of Medicine
Director, Likoff Cardiovascular Institute
Hahnemann University

December 12, 1990

ABNORMALITIES OF THROMBOSIS AND THROMBOEMBOLISM
Daniel Deykin, MD
Chief of Medicine, Director Health Services
Research and Development
Boston University School of Medicine
Boston VA Medical Center, MA

December 19, 1990

AGING OF SKIN
Richard L. Spielvogel, MD
Professor of Medicine and Dermatology
Director, Division of Dermatology
Hahnemann University

JANUARY 1991

January 9, 1991

CARDIAC ARRHYTHMIAS: DRUGS VERSUS DEVICES
Leonard S. Dreifus, MD
Professor of Medicine
Director, Heart Station
Likoff Cardiovascular Institute
Hahnemann University

January 16, 1991

SUBSTANCE ABUSE PREVENTION PROGRAM: CAN WE WIN THE WAR?
Vincent J. Zarro, MD, PhD
Associate Professor of Medicine
Director, Division of Clinical Pharmacology
Hahnemann University

January 23, 1991

BIOLOGICAL WARFARE DEFENSE: ROLE OF MOLECULAR BIOLOGY
Capt. H.A. Blough, MC, USNR
Virology Division
US Army Medical Research Institute of Infectious Diseases
Fort Detrich, Frederick MD

January 30, 1991

CHRONIC FATIGUE SYNDROME
Isadore Brodsky, MD
Professor and Chairman
Department of Neoplastic Diseases
Hahnemann University
David R. Strayer, MD
Professor
Department of Neoplastic Diseases
Hahnemann University
David H. Gillespie, PhD
Professor
Director, Basic Research
Department of Neoplastic Diseases
Hahnemann University

Medical Seminar Series: ABNORMALITIES OF THROMBOSIS AND THROMBOEMBOLISM

Wednesday, December 12, 1990, 8:30 a.m.-3:30 p.m.
Alumni Hall, College Building, 15th and Vine

A.M. Moderator: **William S, Frankl, MD**
8:30 GRAND ROUNDS
Anticoagulation of Acute Myocardial Infarction: An Idea Whose Time Has Come Again?
Daniel Deykin, MD
10:00 **Clinical Case Presentations**
Co-Moderators: **James Conroy, DO**
Allan B. Schwartz, MD
- *Abnormalities of Prothrombosis*
- *Pulmonary Embolism*
- *Anticoagulant Interactions*
- *Complications of Anticoagulation Therapy in the CCU*
- *Post PTCA and Post CABG Anticoagulation Therapy*

Discussion:
Barbara Alving, MD — Herbert Fischer, MD
Daniel Deykin, MD — Harold L. Paz, MD
Jonathan Halperin, MD — Ted M. Parris, MD
John C. Hoak, MD — R. Stephen Porter, Pharm.D
12:00 Lunch
P.M. **Medical Seminar: Coagulation and Anticoagulation**
Moderator: **Isadore Brodsky, MD**
1:00 *Tactics and Strategy of Anticoagultaion Therapy* -**Daniel Deykin, MD**
1:30 *Prothrombosis Proteins: Protein S and Protein C Abnormalities*-**Barbara Alving, MD**
2:00 *Thromboembolic Disorders and Atrial Fibrillation*-**Jonathan L. Halperin, MD**
2:30 *Endothelial Function and Dysfunction: An Overview of Abnormalities of Coagulation*-**John C. Hoak, MD**
3:00 Discussion
3:30 Adjourn

Guest Faculty
Barbara Alving, MD
Chief, Coagulation Laboratory
Walter Reed Army Hospital
Washington, DC
Daniel Deykin, MD
Chief of Medicine, Director Health Services
Research and Development
Boston University School of Medicine
Boston VA Medical Center, MA
Jonathan L. Halperin, MD
Director, Clinical Services
Division of Cardiology
Mt. Sinai Medical Center
New York, NY
John C. Hoak, MD
Director, Division of Blood Diseases and Resources
National Institutes of Health, MD
Course Directors
Allan B. Schwartz, MD
Professor of Medicine
Director, Continuing Medical Education for the Department of Medicine
Isadore Brodsky, MD
Professor and Chairman
Department of Neoplastic Diseases

Location:
Classroom C (Alumni Hall)
2nd Fl. New College Building
Hahnemann University (15th Street Entrance)
15th and Vine Streets, Philadelphia, PA

Hahnemann University Faculty
James Conroy, DO
Professor and Director
Experimental Therapeutics & Coagulation Laboratory
Department of Neoplastic Diseases
Herbert Fischer, MD
Associate Professor of Medicine
Director, Cardiac Care Unit
William S. Frankl, MD
Professor and Chariman, Department of Medicine
Director, Likoff Cardiovascular Institute
Eric L. Michelson, MD
Professor of Medicine
Director, Division fo Cardiology
Ted M. Parris, MD
Assistant Professor of Medicine
Harold L. Paz, MD
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Assistant Professor of Medicine
Director, Cardiovacular Pharmacology

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for addressing public health problems and volunteerism in charitable organizations.

"Unification is working!" he declared to the members, extolling them to have the staying power to give it a chance to work.

Dr. Bluemle Honored with Highest Award

Lewis Bluemle, Jr., MD, has been awarded the Pennsylvania Medical Society's highest honor, the Distinguished Service Award. Dr. Bluemle retired this year after more than a decade as president of Thomas Jefferson University in Philadelphia.

As the 14th recipient of the Society's award, Dr. Bluemle joins in the honor such distinguished researchers and pioneers as Jonas Salk, MD, Baruch S. Blumberg, MD, PhD, and Thomas E. Starzl, MD, PhD.

Dr. Bluemle, 69, has reaped many awards and honors in his career, including the Maimonides Award from the Anti-Defamation League of B'nai B'rith and the Distinguished Philadelphian Award from the Chestnut Street Association. He is active in the International Physicians for the Prevention of Nuclear War, which received a 1985 Nobel Prize. In February 1990, he joined President George Bush as one of six recipients of honorary degrees at Hopkins' School of Medicine.

He began his career in Philadelphia with an internship and residency at the Hospital of the University of Pennsylvania. Following his creation of Philadelphia's first kidney dialysis unit at HUP, Dr. Bluemle became the hospital's chief of renal dialysis and founding director of HUP's Clinical Research Center.

He left Pennsylvania in 1968 to serve as president and professor of medicine of the Upstate Medical Center, State University of New York, and later at the University of Oregon Health Sciences Center.

His return to Philadelphia in 1977 as president of Thomas Jefferson University marked the beginning of what is now referred to as the school's "Bluemle era". During his tenure, Thomas Jefferson expanded in many arenas: operating revenues, endowment funds and assets more than tripled; a 484-bed hospital, Level I trauma center and a regional spinal cord injury center were opened; the first liver transplant program in Philadelphia was established; research was expanded from $7 million to $40 million; and fulltime faculty increased by 72 percent.

Currently, Dr. Bluemle, in addition to numerous artistic, civic and charitable affiliations, is co-chairing the Advisory Committee on Solid Waste Management for Philadelphia.

State Society Election Results

Following are the new officers and delegates to the AMA selected by the PMS House of Delegates during its October, 1990 meeting:

President
Gordon K. MacLeod, MD, Allegheny County

President Elect
Robert N. Moyers, MD Crawford County

Vice President
Donald G. Ferguson, MD, Allegheny County

Speaker of the House
Jonathan E. Rhoads Jr., MD, Philadelphia County

Vice Speaker of the House
Howard A. Richter, MD, Delaware County

Trustees
John W. Lawrence, MD, Second District
Frederick G. Brown, MD, Fourth District
Herbert C. Perlman, MD, Fifth District
Ferdinand L. Soisson Jr., MD, Eleventh District
Steven S. Nemerson, Medical Students
Brenda K. Baumann, MD, Young Physicians Section

Delegates to AMA
R. William Alexander, MD, Berks
Doris G. Bartuska, MD, Philadelphia
Joseph B. Blood Jr., MD, Bradford
Bettly L. Cottle, MD, Blair
James B. Donaldson, MD, Philadelphia
Victor F. Greco, MD, Luzerne
Lee H. McCormick, MD, Allegheny
John S. Parker, MD, Westmoreland
Howard A. Richter, MD, Delaware
Roberta L. Schneider, MD, Montgomery
Donald H. Smith, MD, Northampton

Alternate Delegates to AMA
Richard D. Baltz, MD, Dauphin
Charles J. Cattano, MD, Allegheny
J. Joseph Danyo, MD, York
Donald G. Ferguson, MD, Allegheny
Joseph F. Girone, MD, Philadephia
Donald Kaye, MD, Philadelphia
Thomas J. Kardish, MD, Bucks
Robert M. Kemp, MD, Lancaster
John A. Malcolm Jr., MD, Union
Carl A. Sirio, MD, Dauphin

Alternate Delegate, Student
John J. Whyte

Board of Trustees
John H. Hobart, MD, chairman
Martin A. Murcek, MD, vice chairman
Ferdinand L. Soisson, Jr., MD, secretary

Trauma Society Annual Meeting Set for April

The Pennsylvania Division of the American Trauma Society will hold its fifth annual conference at the Hershey Lodge and Convention Center, April 11 and 12, 1991.

Highlighting the program is an address by C. Everett Koop, MD, former U.S. surgeon general. Educational seminars will include aspects of trauma care of interest to not only physicians, but also nurses, social workers, chaplains, pre-hospital providers, educators, and rehab specialists. Among the topics to be covered are handguns and violence, pediatric head injuries, juvenile DUI, critical incident stress debriefing, controversial issues in helicopter trans-

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Edited by the Cambridge Health Economics Group, the new title will be *Managing Reimbursement in the 90s—the Original Physician's Reference to Resource-Based Relative Value Scale.*

Dr. Hsiao, professor in health economics and policy at the Harvard School of Public Health, and associates, discuss issues concerning physician reimbursement. The publication also provides an overview and discussion of the December 1989 legislation mandating major changes in Medicare reimbursement to physicians (The Omnibus Budget Reconciliation Act of 1989).

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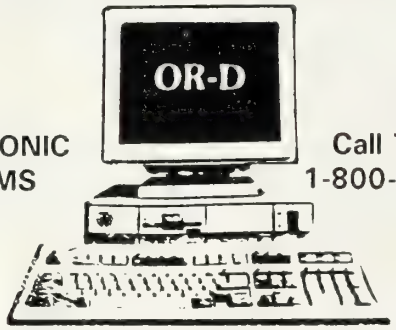

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Albert Einstein Medical Center **23**
Azetta Spicer **50**
Bertholon Rowland Agencies **7**
CPO2 **35**
Data-Med, Inc. **22**
Dodson Insurance Group **3**
Eli Lilly Company **33**
Fulton, Longshore & Associates **50**
Geisinger Clinic **43**
Graduate Health System **29**
Hahnemann University **17**
Health Images **11**
Hessler Enterprises **52**
Interstat **37**
Jefferson Surgery Center **19**
Masonic Homes **52**
Medical College of PA **37**
Medical Personnel Pool **44**
Medical Protective Co. **45**
OR-D Systems **20**
Orion Systems **21**
Palisades Pharmaceuticals **21**
Pennsylvania Blue Shield **27, 49**
Philadelphia Heart Institute **25**
Physicians' Health Programs **44**
Physicians Insurance Co. **31**
PMS Liability Insurance Company **5**
Roche Laboratories **Covers 3, 4**
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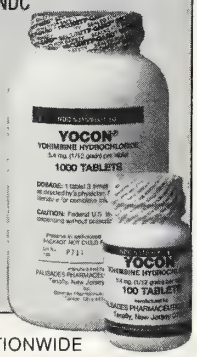

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LEGEND'S END: A COUNTRY DOCTOR RETIRES

There were a time and a place, not that long ago and not that far away, when "family doctors" made house calls, delivered babies at home, took cows as payment when necessary, and were well known by everyone in the community. Unlike the fabled dragons of long ago and far away, they are not imaginary; we have living evidence of their work. But like the dragons, they are gradually fading into legend.

Witness Andrew Cerne, MD, recently retired from a 41-year career as a "family doctor" in the rural Western Pennsylvania town of Herminie. The services mentioned above only skim the list of his contributions to the community's health and prosperity.

The festivities of the second and final "Dr. Cerne Appreciation Day" capped the summer in Herminie.

As the 70-year-old healer retired to tend his garden and enjoy his family, he told reporters, "When I was in medical school in the '40s, we were told we'd never get rich by becoming doctors, but we could expect to make a good, comfortable living." He set up practice and began his family in Herminie in 1949 expecting only that.

He realizes now that he is reaping riches of a more lasting variety: bountiful friendships and immortality in the community's heart. Appreciation messages fill a thick dedication booklet, proceeds donated to his favorite community project. How he could expect less, after delivering thousands of babies into generations of families, being on hand for nearly every emergency, making house calls even into his waning years when a flu epidemic called, and pulling neighbors together to build a cherished community swimming pool for the safety of their youngsters?

Looking back, he muses about how lucky he was to practice in a window of time bordered by the G.I. Bill and the "Golden Days" of solo practice. He says, "There's a lot more pressure on young doctors these days than when I was starting out. . . Everyone is snipping at them. You aren't allowed to make mistakes, to be human. It's a tremendous burden to bear."

In that light, his reflections on his early hardships are softened: After graduation from Jefferson Medical College, Philadelphia, he earned $75 per day and was on-call 24 hours a day during his internship at Delaware Hospital in Wilmington. A residency at Greensburg Hospital drew him back to his native Western Pennsylvania, where he and his wife, Olga, decided small-town practice suited them.

Dr. Cerne helped found the Westmoreland County Academy of Family Physicians, is a charter member of the American Academy of Family Physicians, and a past board member of the Pennsylvania Academy of Family Physicians. He is a long-standing member and officer of county, state, and national medical societies.

"The days of family practice as it was known are now almost history, because of the need for specialized medicine," he says. "Even the family practitioner has become specialized in family practice."

A husband/wife team of two such "specialists", Drs. Edgar and Joy Boone, have assumed his practice.

Donald E. Harrop, MD, Phoenixville, was elected honorary life member of the Pennsylvania Coroners Association, an honor bestowed only rarely. Chester County's first physician-coroner, Dr. Harrop recently retired as coroner after 24 years of service. A State Society past

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president, he is president of the Keystone Peer Review Organization.

Peter R. Laibson, MD, director of the Cornea Service at Wills Eye Hospital, Philadelphia, delivered the first Annual Max Fine Memorial Lecture at a symposium commemorating the late ophthalmologist. Held in San Francisco, the symposium honored Max Fine, MD, who brought corneal transplantation to the West Coast in 1939.

Harris R. Clearfield, MD, professor of medicine and director, Division of Gastroenterology, Hahnemann University, Philadelphia, has been elected governor of the American College of Gastroenterology for Eastern Pennsylvania. Dr. Clearfield is also director of Hahnemann's Krancer Center for Inflammatory Bowel Disease Research.

Howard Yonas, MD, associate professor of neurosurgery and radiology at the University of Pittsburgh Medical Center, has been named chief of neurosurgery at Montefiore University Hospital.

Ross F. DiMarco Jr., MD, thoracic surgeon in Uniontown, was named an Alumnus of Distinction at St. Vincent college. He specializes in heart bypass surgery at Pittsburgh's Mercy Hospital.

Jack Wilberger, MD, director of neurotrauma and vice-chairman of the Department of Neurosurgery at Allegheny General Hospital in Pittsburgh, was named a recipient of the 1990 Wakeman Award. The award, presented bi-yearly by Duke University to outstanding international neuroscientists for spinal cord injury research, carries with it an automatic nomination for the Nobel Prize in Medicine.

Wanda Filer, MD, family practitioner from York, was chosen to be the "family doctor" for a new television program on the NBC affiliate in Lancaster. The show, called "Live," features a weekly interview or demonstration by Dr. Filer.

SPECIAL FEATURE

THE CRUZAN DECISION: AN ETHICAL PERSPECTIVE

James F. Drane, PhD

On June 25, 1990 the U.S. Supreme Court issued a long-awaited decision on its first-ever "right-to-die" case, that of Nancy Cruzan. In a 5–4 decision, the court affirmed the states' right to prevent family members from withdrawing medical feeding technologies from permanently unconscious patients, if these bonded surrogates are not able to show, with "clear and convincing" proof, that the patients themselves wanted this type of treatment ended.

Chief Justice William H. Rehnquist's decision will, in record time, become an ethical and legal dinosaur. He recognized in his oral opinion that the case of Nancy Cruzan had "strong moral and ethical overtones;" but in his written opinion Rehnquist focused almost exclusively on legal subtleties.

Nancy Cruzan, a 32-year-old woman in persistent vegetative state, lives today in a Missouri hospital bed. She has been unconscious since an automobile accident seven-and-a-half years ago, and will remain so for as long as she survives.

She continues to live only because she is in a hospital. Nurses turn her every few hours to prevent the skin on her curled, unconscious body from breaking into ugly sores. A machine pumps a nutritional preparation into her stomach via a surgically inserted tube through the stomach wall.

Were it not for modern medical technology, she would have died without pain or discomfort some days after an emergency rescue team resuscitated her. But, following resuscitation, her brain was left so severely damaged that she can never regain consciousness. Some say technology saved her life for the last seven years; others say technology has prolonged her death for that period.

Justice Rehnquist, joined by four of his colleagues, issued an opinion which will likely result in a continuation of Nancy Cruzan's present state for as long as 30 years. Although she will never know it, she may outlive all the Supreme Court Justices as well as her parents. The expense of keeping her alive, while difficult to estimate, will be in the millions at a time when health care budget restrictions cause indigent pregnant women and children to go without basic treatment.

The financial expense is only part of the cost of this decision. Imagine the pain and suffering of her parents, who after seven-and-a-half years of pleading that she not be left in the twilight zone between life and death, must endure the Court's rejection. The Court decided the parents lacked authority to demand removal of artificial nutrition and hydration because there is insufficient proof to support their claim that her expressed intentions were to refuse treatment.

The Supreme Court majority affirmed the decision of the Missouri Supreme Court, that a state may require "clear and convincing evidence" of Nancy Cruzan's prior decision to forego life sustaining treatments under her present circumstances. This demanding state requirement negates Nancy Cruzan's expressed interest in refusing medical treatment, and prevents her death years after she entered the dying process. She remains in a near-death state thanks to a technology which she did not want. The feeding apparatus provides her with no benefit and creates enormous burden for her and her family.

Chain of events

First, a Missouri trial court recognized that Nancy Cruzan had no chance of regaining her mental function. It also found that persons in her condition have

Dr. Drane is Russell B. Roth Professor of Clinical Medical Ethics at Edinboro University of Pennsylvania. He is an internationally known bioethicist whose writings have been published widely. This year he spent six months in South America assisting nations there with issues of medical ethics.

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a fundamental right under state and federal constitutions to refuse, or to direct the withdrawal, of death-prolonging procedures. The judge recognized that, at age 25, Nancy had explicitly stated that she would not want to continue living in anything like her present condition.

The Missouri Supreme Court reversed the trial court on a divided vote. The judges again recognized the right to refuse treatment, but did not think that right applied to Nancy Cruzan. They maintained the state had an interest in preserving her life, and that Nancy Cruzan's previous statements about not wanting to be kept alive under certain circumstances were "unreliable for the purpose of determining her intent," and "thus insufficient to support the co-guardians' claim to exercise substitute judgment on Nancy's behalf."

Rehnquist's narrow interpretation

Justice Rehnquist understood the U.S. Supreme Court's task very narrowly: "the question is simply and starkly whether the United States Constitution prohibits Missouri from choosing the rule of decision which it did." He recognized that the Cruzan case was the Supreme Court's first opportunity to address the right to die. But instead of facing the real situation of Nancy Cruzan and the plight of thousands of patients in similar circumstances, Rehnquist donned rigidly restrictive legal blinders and converted a real life situation into an academic puzzle.

The main issue for Rehnquist was the legal status of a stringent Missouri standard—clear and convincing evidence—for accepting a bonded surrogate's claim that a presently incompetent patient had previously expressed refusal of treatment under hopeless conditions. Justice Rehnquist concluded that the Constitution does not forbid the establishment of such procedurally difficult requirements. That, according to him, was what the case was all about.

Rehnquist's written opinion appears to be that of a law school professor, lecturing on the virtue of solving legal problems with a conservative theory of constitutional interpretation. As a cautious conservative, he confined his considerations to narrow legalistic concerns. He also worried about a slippery slope—the possibility that parents not as caring as Nancy Cruzan's may be an unreliable source of the patient's true wishes. Nancy Cruzan's objective medical status did not weigh heavily in his written opinion, with dreadful consequences.

If Justice Rehnquist had visited a patient like Nancy Cruzan, he may have taken the patient's situation into account. If he had spoken to nurses caring for her, or seen other's reactions to the idea of being kept alive in a vegetative state, the real dimensions of the case may have taken central stage instead of a narrow constitutional consideration.

If Rehnquist had used the "common sense" of Richard Hughes of the New Jersey Supreme Court in the famous Quinlan case, his opinion would have been differently articulated. Hughes realized that courts are not the place to decide clinical issues. He recommended that doctors, patients, and families cooperate to make life and death decisions with the help of ethics committees.

Death in the future

Most people today die in hospitals, are incompetent during the dying process, and do not write living wills explicitly stating which treatments they wish to refuse under which clinical circumstances. Most people, before entering the dying processes, will not have complied with the Supreme Court's stringent requirements of proof.

Consequently, the court has approved Nancy Cruzan's fate for countless others. Other states now may pass laws similar to Missouri's, permiting them to ignore clinical realities and the patient's best interest. Only a patient's precisely written, legally binding refusal of specific treatments will guarantee that rigid standards like Missouri's not be imposed. The Rehnquist decision permits states to set aside a patient's best interest, family powers of surrogacy, and even the patient's expressed refusal, if not in writing.

If the Quinlan decision tended to bar the courts from the medical setting, the Cruzan decision introduced legal entanglements into hospital practice. Written statements joined to legal proof may now enter clinical settings whenever decisions are being made by surrogates for incompetent patients. Instead of streamlining an already complex medical situation, the Rehnquist decision adds complications. Obstacles which Missouri placed in the way of humane and reasonable care of the dying now have Supreme Court approval. In Missouri, more hoops must be jumped through to realize long-established treatment refusal rights, and to die with some dignity.

Legal consequences

Some news stories gave the Cruzan decision a positive spin by stressing that the Supreme Court upheld other courts when they drew no distinction between medical feeding and other forms of medical treatment that can be refused. This may pressure states whose living will legislation permits withdrawal of breathing technologies but not withdrawal of nutritional technologies to liberalize if state standards of evidence are met. Now that the Supreme Court has joined other courts, medical and hospital associations, and the majority of medical ethicists in accepting medical feeding as a medical procedure different from eating and drinking, the more restrictive laws can at least be challenged.

This point was made by Supreme Court Justice Sandra Day O'Connor in her concurring opinion. Justice O'Connor recognized that most people do not create written statements in the form of living will or durable power of attorney documents. She believes future Supreme Court decisions may require states to implement choices made by a patient's legally appointed surrogate as one way around the new complications.

A few advocates who want life sustained no matter the circumstances may rejoice in this decision, but not many. If the Constitution requires states to honor advance directives issued through either a living will or durable power of attorney then passive euthanasia is endorsed and distinguished from active euthanasia. Referring most likely to the recent publicity surrounding active euthanasia, (Dr. Jack Kevorkian and his death by drops machine) Chief Justice Rehnquist noted that "the majority of states have laws imposing criminal penalties on one who assists another to commit suicide." Rehnquist's opinion upheld letting people die (passive euthanasia) as long as state standards for surrogate decisions are met.

No amount of positive spin, however, can detract from the generally bad consequences of this decision for many patients. The poor, the uneducated, and the socially marginated will be the most prejudiced because they are least likely to write down their wishes or legally designate a surrogate. Consequently their deaths are more likely to be pro-

longed and dehumanized in states where Missouri-like standards are imposed.

Physicians will have increased responsibility for helping patients clarify which treatments they want and do not want. Time consuming legal paperwork will complicate the already burdensome task of caring for dying patients. Who will train doctors and nurses to be legal consultants, and who will pay the added expense of time-consuming consultations?

Some of the worst consequences of this decision eventually will be offset by state and federal legislation removing obstacles to a dignified death. The right to refuse death-prolonging treatments is firmly established both in law and ethics. It also happens to benefit society economically at a time when there is no money to waste. Intense political pressures are demanding distribution of scarce resources to younger patients with better prognoses from medical treatments. Besides saving money, right-to-die legislation is very popular with voters.

Dissenting opinions

The Supreme Court's dissenting opinions reflect more of the real issues in Cruzan. The other justices were less dominated by abstract theory and more in touch with concrete dimensions of the case. Justice Brennan didn't discuss interpretations of the Fourth Amendment, but discussed what it means to die, and the awful consequences of protracted death steeped in decay. He said, "A quiet, proud death, bodily integrity intact, is a matter of ethical consequence," reflecting a sense of Nancy Cruzan's actual situation. He reiterated a point made by Justice Hughes in the Quinlan case: that as a patient's chances of return to sapient life diminish, so too does the state's interest in preservation of a merely biological existence.

While the majority opinion focused on legal standards, Brennan was more aware of Nancy Cruzan's clinical situation and focused on a benefit-burden calculus. "There is no good to be obtained here by Missouri's insistence that Nancy Cruzan remain on life support systems, if it is indeed her wish not to do so," he said.

Justice Stevens' dissenting opinion expressed most clearly the best interest argument. "In my view the Constitution requires the state to care for Nancy Cruzan's life in a way that gives appropriate respect to her own best interest." Commenting on Rehnquist, he said: "The dying patient's best interests are put to one side and the entire inquiry is focused on her prior expression of intent." Justice Stevens rejects the abstract and academic approach of the chief justice, and says that the worst consequences of the majority action is that "the Court's decision affords no protection to children, to young people who are victims of accidents or illnesses, or to the countless thousands of elderly persons who either failed to decide or failed to explain how they want to be treated if they should experience a similar fate."

Legal history does not provide Nancy Cruzan and her family with a chief justice in touch with what it means for an unconscious human being's dying to be stretched over 40 years. Nor has the Rehnquist court provided relief for the doctors and nurses who must suffer through yet another intrusion of the tentacles of law into the practice of medicine.

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SPECIAL FEATURE

CRITICAL CARE ETHICS: CONFLICT OR COMPROMISE?

Robert Taraszewski, MD
J. Roberts Burns, MD

Since its inception as a concentrated resource of medical high technology in the prosperous 1950s, the American intensive care unit (ICU) has provided an invaluable life-saving service to many patients.[1] However, as the sophistication of intensive care technology has grown with time, so has the price of such care. A growing sentiment in this country as well as others[2-6] is that admission to the "expensive care unit" is not always necessary and in certain cases may represent a waste of valuable services and personnel.[6]

Thus, in the current era of cost containment, intensive care units, responsible for 15–20 percent of hospital costs, and critical care medicine, have become targets for criticism and budget limitations. With the severity of illness and demand for services steadily increasing in an aging population, many feel that constraints in the health care system will have to temper the enthusiasm for advanced technological services. The decision to limit health care is best understood if we appreciate that the health care dollar competes with education, the war against drugs, national defense, the trade deficit, and our lack of competitiveness in the world market.

The present health care expenditure of 12 percent GNP may be the limit of affordability. Substantial changes in societal values and expectations need to occur if we are to avoid major destructive conflicts as our health care resources are increasingly restricted and reallocated.

The purpose of this essay is to examine the development and role of ICUs in the American health care system, their successes and failures, and the current and future directions critical care medicine may take to cope with this crisis.

Development of critical care

For most of American history, medicine was powerless to do much about disease and death. Life expectancy was much lower than today's standards, and often minor wounds or infections became mortal afflictions. A caring (vs. curing) bedside manner and imaginative elixirs did little to affect mortality, and redundant purging, venesection, and other poorly conceived therapies often sealed the fate of the wealthy individuals who could afford them.[7] By the mid-18th century, improvements in diet, sanitation, and early observations of physiologists offered hope for an extended lifespan, and approximately 5 percent of the U.S. population was able to survive beyond age 65.[8]

During the following century, the sciences of medicine, physiology, and microbiology blossomed, and with this arrived the first effective cures and preventative measures against local and epidemic infections. With scientific method replacing many of the empiric doctrines of ancients and popular folk therapies, the focus of medicine irreversibly trended toward the goal of curing disease instead of merely caring for the patient. As overall life expectancy inceased and the rates of crippling disease declined domestically after the World Wars, "war" was declared upon heart disease, cancer and stroke, and a new wave of excitement in technological medicine began. With the advent of Medicare and Medicaid in the milieu of increasing social consciousness in the 1960s, public commitment to adequate health care for the aging and poor led to the belief that medical care, including intensive care, is a basic human right and entitlement for all.[9]

Critical care medicine, as well as the dedication of specific transportation modes, facilities, and personnel for the care of the critically ill, largely developed as the result of wartime experiences. The wounded soldiers of the Civil War were among the first Americans to be effectively evacuated by horse-drawn ambulances and hospital ships, with many survivors owing their lives to the skills of regimental nurses and surgeons in field hospitals.[10,11] By World War I, advancements in anesthesia, fluid adminis-

Dr. Taraszewski is a fellow, thoracic medicine and critical care medicine at Geisinger Medical Center, Danville, PA. and adjunct instructor in internal medicine at Northeastern Ohio Universities College of Medicine, Rootstown, OH. Dr. Burns is director of adult critical care medicine at Geisinger Medical Center, Danville, PA, and president of the Pennsylvania Thoracic Society.

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ration, surgery, antisepsis, and research methodology increased the likelihood of survival among the ill and injured. The increasing mechanization of medicine, introduction of antibiotics, improved recognition of shock, and improved blood banking and transfusion practices reduced morbidity in World War II.[9]

The Korean and Viet Nam conflicts clearly demonstrated the beneficial impact of early recognition and intervention in shock, facilitated by ground and aeromedical support services ("MEDEVAC", "DUST-OFF", and the like), extensive mobile and stationary medical/surgical hospitals, and dedicated intensive care units for the critically ill. Despite the costs in human suffering, the fact that less than one percent of the 900,000 patients airlifted by DUST-OFF helicopters in Viet Nam who survived the first 24 hours eventually died was irrefutable testimony to the effectiveness of advanced medical intensive services.[12] Fortunately, most of this experience was directly applicable to care of critically ill civilian patients, thus contributing to the advancement of such technology in the United States.

Intensive care units evolved through the synthesis of civilian and military experiences to reduce avoidable morbidity and mortality in an expanding, aging critically ill population.[4] Nationally, most hospitals with greater than 250 beds have ICUs,[6] accounting for 8 percent of all acute care beds.[13] These units generate 15 percent of all hospital costs, amounting to 13–15 billion dollars annually.[2]

Appropriate admission criteria to ICUs were best summarized in the NIH Consensus Conference Criteria: 1) patients with acute reversible disease for whom probability of survival is low without ICU care but high with such care; 2) patients with low probability of survival without ICU care but uncertain survival potential with such care; or 3) patients at risk of becoming critically ill so as to prevent or respond to serious complications.[2]

Public and medical expectations

The intensive care unit has evolved out of social and medical need, while much of its technology has advanced in an environment of creativity and relative economic freedom during the decades of the sixties, seventies, and early eighties. The seemingly endless array of devices illuminating the drama of patients "living on the edge of death" has captured the imagination and heightened the expectations of the American lay and professional public. The media has glorified the ICU as the showcase of a technological revolution, an icon of the miracles that modern American medicine is all about. One British physician has quipped, "Americans think of death as optional"[5]; his candid observation, though, is clearly reflected in the attitudes and behavior of both the general public and health care professionals toward critical care medicine.

Much of what the American public views as the purpose and function of the ICU has been learned through television and printed media. Television series such as "MASH," "Emergency," "Medical Center," and "St. Elsewhere" presented "sanitized" versions of reality. Through much of television's history, network executives did not realize that the authenticity lent to their programs by physicians and other medical advisors would shape the perception of the American public toward medicine in general, and toward "high tech" medicine in particular.[14] The drama of real-life situations—televised cardiac bypass and valve procedures, natural and artificial organ transplantations—has deepened the

American infatuation with technology in medicine, as the survivors are made national heroes instantaneously in millions of homes.

Although such care is exceedingly expensive and many times unsuccessful in the long term, Americans have been comforted by the misconception that there are always physicians and technological services available to help almost any problem, and that there will always be funding available to pay for it (i.e. Blue Cross/Blue Shield, private insurances, VA benefits, Medicare, Medicaid, or charitable organizations). Although the American public is not a homogenous population and its expectations of intensive care medicine are likewise diverse, most people do not appreciate the physical, emotional, psychological, and financial costs of ICU care.

The protection of patient autonomy and individual rights in the ICU setting is difficult. Although each patient has the right to considerate and respectful care, confidentiality, complete information about the treatment process, and participation in the informed decision-making process (including the right to rationally refuse treatment to the full extent that law permits),[16] these expectations may be hard to fully achieve in the ICU. Personal preference, religious beliefs, situational depression, fear, ambivalence, occult emotional agendas, or compromise of mental status secondary to disease processes or medications can significantly alter the patient's understanding, thought processes, and ability to make appropriate informed decisions.[17] Family members are influential and often necessary to obtain procedural consent, although frequently their own expectations, personal agenda, understanding or lack there of, and interpretations of the patient's wishes may not necessarily reflect what is ethically appropriate for the patient or the situation at hand. Assumptions and weakly constructed rationalizations are often the only basis for decisions, later to be contested in committee or court. The tendency in these acts therefore is to err toward "commission" rather than "omission," as the guilt associated with withholding potentially life-saving therapies is often greater than that of having tried and failed.

Physicians are not immune from infatuation with high technology or failure to recognize their own limitations or the limitations of their profession; they are eager to initiate intensive therapies but reluctant to withdraw such treatment even in appropriate circumstances. Much of the problem lies in interpretation of a physician's irrefutable moral obligation to the patient. As observed by Edmund Pelligrino, the sick patient is dependent, vulnerable, and physically and emotionally powerless; the trust that is placed in the physician is a morally binding force. The physician possesses knowledge for the good of the sick, which is not individually owned and is trusted not to be used in a proprietary fashion. The physician confirms this "covenant" in public at graduation with an oath, which seals his/her fidelity to the patient's best interests.[18]

Critical care medicine is certainly unclear in its philosophical approach to what defines "the patient's best interests," particularly in regard to prolongation of life. One distinct faction maintains the biblical ethical viewpoint that "every human life (is) . . .of infinite value with no person having a greater or lesser claim to life," and that "because human life is sacred and retains its inherent dignity, life is precious regardless of age, productivity, or quality of life."[19] With the equipment and procedures that are currently available, preservation of life solely on this principle could easily violate the basic medical tenet of *primum non nocere* ("first do no harm").[20]

Another faction maintains that quality of life should be a primary goal of ICU therapy.[20] Still others contend that treatment termination should be based on age, productivity, and other criteria. Fears that active euthanasia, practiced formerly in Germany and currently in the Netherlands, may spread to the U.S. have prompted an "ethical panic," particularly in light of recent scattered reports in the literature.[19] A recent survey suggests that nearly 30 percent of European physicians have participated in euthanasia when patients were terminal or had intractable pain.[21]

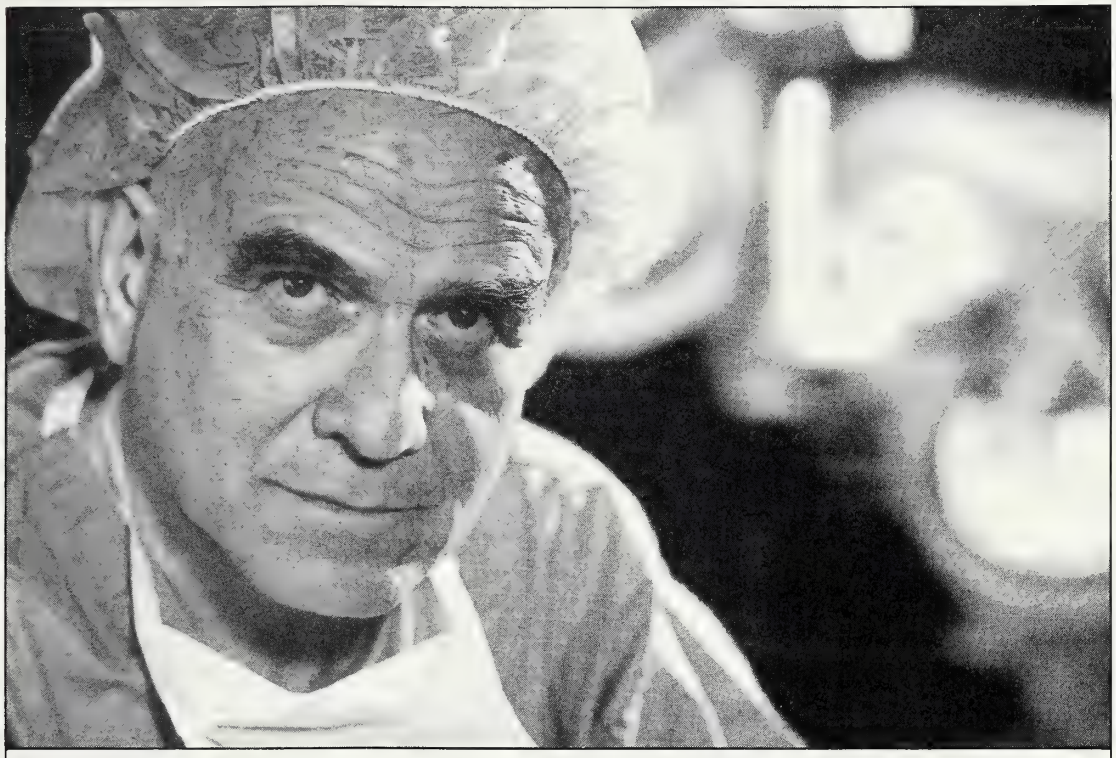
Despite the existence of prognostic indicators of terminal illness in many disease states, physicians are reluctant to use such criteria to deny patients with a hopeless prognosis admission to the ICU. Even in cases when the prognosis is uncertain, the diagnosis of irreversible terminal illness frequently can be made after only a few hours of ICU observation. Bryan Jennett coined the phrase "the vicious cycle of commitment" to describe the phenomenon of the inappropriate use of a monitoring or diagnostic modality in a hopeless situation, leading to a procedure requiring further post-procedural ICU monitoring and intervention, all of which briefly and incompletely postpone an inevitable death.

Meanwhile, the ICU may be prolonging a quality of life which the patient might in any other circumstance consider unacceptable, while creating an unnecessary and expensive burden on the patient's family and friends.[4]

Emerging legal consensus

Modern medicine can do more than we could do at any time in our history; but we have less comfort or understanding of what we should do. The post-modern era has lost faith in the capacity of reason just at a time when we have tremendous technologic capacity. As a result, and partly in response to our litigious society, the courts have, over the last decade, helped chart our course and clarify how to resolve controversy that turns on values. Recent decisions involving withholding or withdrawing of life-sustaining treatments suggest there is substantial agreement among courts on several principles of importance to physicians, hospitals, and the public.[23]

1. A competent adult has a legal right to refuse medical treatment, a right that may be qualified in particular cases by one of four countervailing state interests.[23]
   a. The preservation of life. . .except when the patient is approaching the end of a normal life span, where the afflictions are incapacitating. . .
   b. The protection of the interest of innocent third parties, i.e. the refusal of needed blood transfusions by healthy pregnant women, or by healthy treatable adults with young children to support.
   c. The prevention of suicide. Courts have ruled that suicide is quite distinct from allowing a life-threatening condition to take its natural course, without treatment or artificial life support.
   d. Maintaining the ethical integrity of the medical profession. Recent trends have been in support of patient autonomy except in those situations in which the countervailing state interest is for some



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reason compelling.

2. An incompetent patient has the same right as a competent patient to avoid treatment, and the right may be exercised in his behalf by an appropriate surrogate.

3. The family of an incompetent patient is presumably an appropriate surrogate to act in his behalf.

4. Court proceedings are generally unnecessary to insure approval of a decision to withhold or withdraw life-sustaining medical treatment, except in cases of dispute or where the incompetent patient lacks an appropriate surrogate to act in his behalf.

5. The entry of a no-code (or DNR) order on a patient's chart does not require prior judicial approval.

6. A decision to terminate medical treatment is subject to the same legal standards as not to begin the treatment.

7. Rules concerning withdrawal of treatment apply equally to withdrawal of nutrition and hydration by artificial means.

8. A physician or hospital acting in good faith will not be held civilly or criminally liable for acquiescing in the wish of the patient's family that artificial life support measures be terminated.

The debate has travelled full circle in the past 10 years, and the time has come to return to basics. The interest of the court to intervene in such matters is waning. Decisions regarding withholding or withdrawing treatment, with rare exceptions, should derive from personal interactions among the physician, the patient, and the patient's family. The public is returning to a realization of a long-held, but recently hidden truth: that an important part of the physician's role is knowing when the time has come to terminate medical intervention and to permit the passage of death.

The evolution of our society's concept of what constitutes appropriate limits to health care continues to develop. Recent discussions have considered such issues as assisted suicide and withdrawal of life support in terminal states against the wishes of the family. Physicians who lack education in medical ethics or in the humanities, and who stress only the scientific or technologic aspects of their profession, lack the tools to provide humane, compassionate care to their patients.

Outcomes and costs of the ICU

Although exceptions exist to all generalizations, data on several commonly encountered disease categories indicate that large amounts of money are spent on intensive care of patients with unfavorable prognoses, suggesting that the appropriateness of such therapies for these patients should be reconsidered.[4]

A common reason for ICU admission is the perceived need for mechanical ventilatory support for respiratory failure, but stratification studies clearly indicate that certain types of patients are more likely to benefit from this therapy in order to justify cost expenditures. Several studies suggest that cost-benefit ratios are more optimal in cases of respiratory failure complicating routine general surgery, drug overdose, and neuromuscular disease (e.g. Guillain-Barre syndrome), while cost-benefit ratios are unfavorable in cases of respiratory failure occuring with complicated surgery, myocardial infarction, cerebrovascular accidents, and chronic lung disease.[24,25,26] The high costs to relatively low benefits were found to be magnified if mechanical ventilation was required over 48 hours for patients with congestive heart failure or complicated surgical procedures.[24] The overall cost-benefit ratio is more favorable for adult respiratory distress syndrome (ARDS) patients than those with chronic obstructive lung disease patients, allowing that the average age of most ARDS patients is generally less and survivors will have a much longer natural life expectancy.[26] The mortality for patients who require mechanical ventilation for underlying cardiac or pulmonary disease continues to rise to 70 percent at the end of the first two years post-discharge.[25]

The elderly are also often less likely to benefit from intensive care therapy. In patients who required mechanical ventilation over 48 hours, prognosis and cost-benefit ratios become particularly poor for men over age 56 and women over age 75.[24] Mortality for such patients appears greatest within one month of admission to the ICU (nearly 80 percent of deaths), with the highest death rates occurring in association with underlying cardiovascular disease (73 percent 12-month mortality) or malignancy (60 percent 12-month mortality).[27] Although patients who survive their hospitalization can frequently return home for some period of time, the one-year mortality rate for patients over age 78 surviving ICU admission remains approximately 50 percent.[25,27] With the number of persons greater than age 65 in the United States now in excess of 28 million (over 12 percent of the population) and the age group over 85 now the fastest growing segment of the population, decisions regarding the use of ICU resources will become more difficult.

Murphy and coworkers studied resuscitation in patients older than 69 years. They found that only 0.9 percent (1/116 patients) survived an unwitnessed arrest; whereas, 7.4 percent (15/204 pts) survived an in-hospital resuscitation. Of those patients surviving hospitalization, only 8/19 patients (1.6 percent of the study population) returned home. The remainder were discharged to a nursing home or rehabilitation hospital. It is legitimate to question the use of costly critical care resources for such patients who are unlikely to survive the hospitalization or who will likely be severely disabled if they do survive.[28]

Patients with hemotological and oncological malignancies are most commonly admitted to the ICU for acute hypotension and acute respiratory failure, with refractory hypotension being the most common cause of death in these patients.[29] The diagnosis of cancer in patients admitted to the ICU carries with it a 62 percent overall mortality in the first 24 months,[30] and in patients over age 70 mean mortality is raised to 60 percent in the first year.[27] The cost-benefit ratios are uniformly poor for patients with malignancies, particularly those who do not readily respond to early resuscitation efforts (IV fluids, pressor medications, antibiotics, etc.) or who require mechanical ventilation over five days, as nearly none of these patients eventually survive hospitalization.[30]

The outcome is uniformly grim for patients with lymphoma or leukemia who develop respiratory failure requiring mechanical ventilation, with only 8 percent surviving to discharge from the hospital.[30] The outcome is uniformly grim for patients with oncological diseases. The dismal survival potential (less than 4 percent) must prompt one to reconsider the use of ICU services at a median cost of $2,430 per day and overall costs of an ICU stay ranging from $9,000 to nearly $190,000.[26]

Acquired immune deficiency syndrome (AIDS) stands alone as the greatest ethical and economic challenge, and

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• Ceclor should be administered with caution in the presence of markedly impaired renal function. Although dosage adjustments in moderate to severe renal impairment are usually not required, careful clinical observation and laboratory studies should be made
• Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
• Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor penetrates mother's milk. Exercise caution in prescribing for these patients.

Adverse Reactions: (percentage of patients)

Therapy-related adverse reactions are uncommon. Those reported include:
• Hypersensitivity reactions have been reported in about 1.5% of patients and include morbilliform eruptions (1 in 100). Pruritus, urticaria, and positive Coombs' tests each occur in less than 1 in 200 patients. Cases of **serum-sickness-like** reactions have been reported with the use of Ceclor. These are characterized by findings of erythema multiforme, rashes, and other skin manifestations accompanied by arthritis/arthralgia, with or without fever, and differ from classic serum sickness in that there is infrequently associated lymphadenopathy and proteinuria, no circulating immune complexes, and no evidence to date of sequelae of the reaction. While further investigation is ongoing, **serum-sickness-like** reactions appear to be due to hypersensitivity and more often occur during or following a second (or subsequent) course of therapy with Ceclor. Such reactions have been reported more frequently in children than in adults with an overall occurrence ranging from 1 in 200 (0.5%) in one focused trial to 2 in 8,346 (0.024%) in overall clinical trials (with an incidence in children in clinical trials of 0.055%) to 1 in 38,000 (0.003%) in spontaneous event reports. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy; occasionally these reactions have resulted in hospitalization, usually of short duration (median hospitalization = two to three days, based on postmarketing surveillance studies). In those requiring hospitalization, the symptoms have ranged from mild to severe at the time of admission with more of the severe reactions occurring in children. Antihistamines and glucocorticoids appear to enhance resolution of the signs and symptoms. No serious sequelae have been reported.
• Stevens-Johnson syndrome, toxic epidermal necrolysis, and anaphylaxis have been reported rarely. Anaphylaxis may be more common in patients with a history of penicillin allergy.
• Gastrointestinal (mostly diarrhea): 2.5%
• Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
• As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely.
• Rarely, reversible hyperactivity, nervousness, insomnia, confusion, hypertonia, dizziness, and somnolence have been reported.
• Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1% and, rarely, thrombocytopenia and reversible interstitial nephritis.

Abnormalities in laboratory results of uncertain etiology.
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• Transient lymphocytosis, leukopenia, and, rarely, hemolytic anemia and reversible neutropenia
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potential disaster, of this decade. Current studies project a lifetime direct health care cost of $40,000–$60,000 per patient.[31] When hospitalizations of up to three months and ICU stays of up three weeks duration are included, these costs can easily exceed $100,000 per patient.[31,32,33] With U.S. Public Health Service projected estimates of over 270,000 cases by 1991,[34] total costs to the U.S. health care system could exceed $16 billion per year for AIDS patients' care alone. With 91 percent of private insurance companies now considering HIV-positive patients, ARC (AIDS-related complex) patients, and AIDS patients "uninsurable," the public burden for their care is growing.[35,36]

Although most patients with AIDS are relatively young (ages 20–49),[37] the commitment of high cost intensive care resources is arguable when the disease itself or its associated malignancies or opportunistic infections have progressed to the need for mechanical ventilatory support. For instance, mortality rates between 86 percent and 100 percent have been reported for patients with pneumocystis carinii pneumonia requiring mechanical ventilation.[38,39,40] Results of recent trends in drug therapy of AIDS patients suggests that this historical mortality might be reduced.

The "misallocation" of intensive care resources occurs more commonly with less devastating circumstances. It has been estimated that "10–42 percent of all ICU patients can be considered low risk ICU monitor patients that could be discharged from an ICU if an appropriate intermediate care setting was available," representing a cost savings of $500 million across the U.S. if 10 percent of ICU admissions were to be diverted to non-invasive monitored beds.[2] Patients unlikely to benefit from the ICU who would safely be diverted in such a manner include: patients admitted for monitoring for potential complications, especially coronary and post-operative patients, as less than 10 percent require significant procedural intervention; and the terminally ill, who will receive no measurable benefit from the services provided by an ICU.[2,4]

Conflict or compromise?

Intensive care resources are clearly limited. Increasing current and future demands are widening the gap between the services that can feasibly be provided and the expectations of American medical consumers. Unfortunately, as already shown, American health care providers are doing little to bridge or to narrow this gap; while languishing in the image of infallibility in life or death that the public expects, health care providers have lost their objectivity to determine the point beyond which caring can continue, despite the realization that medical technology can no longer help the patient. While these professionals idle in a false sense of security about the intensive care system, decisions tightening the "ICU purse-strings" are being unilaterally made by third-party payers and by the government. The "inequity" of such decisions is based in the lack of communication, the lack of realism, and the perceived conflict of goals between the parties involved. Thus, the question arises, "Are the interests and goals of cost-containment and critical care medicine incompatible, or can mutually acceptable compromises be achieved?"

Clinical predictive scales provide a useful starting point. Severity of illness scales such as the APACHE II and resource utilization scales such as the Therapeutic Intervention Scoring System (TISS) offer objective measures for the planning and distribution of intensive care services.[1] Although these scales are not perfectly predictable in many instances, when this data assessing degree of shock and multi-system compromise is combined with information about the known behavior of the precipitating disease(s), a realistic prognosis for meaningful survival and appropriate therapeutic plans can be formulated, and treatment plans altered in response to therapy.

Severity scales can also demonstrate flaws and potential areas for improvement in other proposed economic solutions for the intensive care crisis, such as the diagnostic-related group (DRG) prospective payment system used by Medicare. A New Jersey institution reported net revenue losses of $24,098 per patient with a Class IV (i.e. worst rating) on TISS scoring, and net revenue losses of $5,057 per patient when these costs were adjusted for "absorbable" costs for the ICU for the year.[1] This study is one of many demonstrating disparity between ICU estimated costs and DRG allowance, which do not differentiate payments on the basis of illness severity within a given disease category, but nonetheless offer economic targets for total care costs. DRGs may serve as deterents to the appropriate cost-effective regionalization of ICU services, as tertiary referral centers with the most severly ill patients stand to lose the most money in fixed prospective payment systems.[1]

Allowing that the total amount of money available for intensive care expenditures is fixed relative to the rest of the health care system, attempts must be made to effectively utilize these funds within the context of available facilities and services. The regionalization of advanced technology by a "pyramid" referral system from primary through tertiary care can reduce redundancy of services and optimize patient care. Such referral bases are particularly useful for the care of trauma, burns, and certain types of medical and surgical disorders. Intra- and inter-hospital triage of patients to the appropriate level of observation and/or invasive monitoring and intervention can significantly reduce inappropriate utilization of ICU beds and facilitate the proper use of intermediate level monitoring beds.[2]

Critical care staffing with well-trained intensivists, nursing and technical personnel appears to reduce patient morbidity and mortality.[41,42] The efficiency of ICU services can be improved by optimizing training and working conditions of the health care professions, optimizing use of the equipment that is available (i.e. more is not necessarily better), and by regulating the influx of new technology.[43] Yet, competition and lack of communication among critical care specialists from various disciplines (medicine, surgery, anesthesia) fueled by the policies of their national representative bodies (ACS, ACP, SCCM) is counterproductive and may contribute to less than optimal patient care.

Limitation of ICU utilization need not occur solely as the result of financial restraint. Increasing recognition of advanced personal directives for patient care has facilitated decision-making while protecting the patient's autonomy and dignity. Living wills and durable powers of attorney are supplanting the previous guesswork of interpreting the "patient's wishes" and the substituted judgement of marginally informed family members, particularly in cases of known terminal illness, malignancy, or AIDS.[44] In more complex ethical situations, the increasing availability of onsite theoretical and clinical bioethicists, eth-

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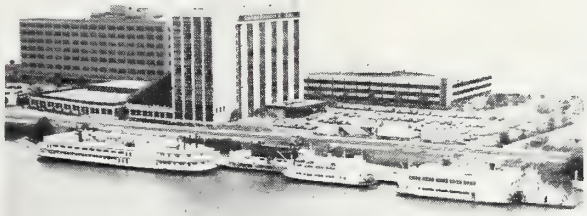

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ics committees, and ethics consultation services offer clinically useful assistance in recognizing ethical issues, educating involved parties, clarifying the physician's thinking, and rendering acceptable management decisions while enhancing the overall standard of care.[45,46,47]

Rationing has always been a part of every health care system. Rationing means to distribute equitably. Implicit in the definition are concepts of scarcity, limits, and fairness. It need not be an ugly word. Sensible people don't want *all* the benefits health care can provide. Unfortunately, many people in our society operate in an existential vacuum: they worry about death, since they "only go around once" and they want to "go around" as long as they can—irrespective of the effect their actions may have on anyone else. Most patients in an ICU might choose to limit their care if they better understood the options.

Bureaucrats and legislators distanced by virtue of occupation, geography, and disinterest may not be able to make educated, ethical decisions regarding the micro-allocation of the health care dollar. Informed local ethics committees representing the community, the patient, the clergy, and the medical profession might be better positioned to allocate local resources consistent with regional and national health care policy. Allocation of resources for individual patient care within overall limitations set by federally defined "expenditure targets" would seem more appropriate and compassionate if administered by interested and well-informed participants in the system. However, those who blindly take a stand against such allocation issues simply are placed outside of the decision making process. Our government, our society, and our profession are ill prepared for such wrenching changes in our approach to our patients' intensive care needs.

The key factor in coping with intensive care cost containment is education. The American public must be taught the limitations and realistic capabilities of the health care system, and they must be taught that high technology does not always equate with good patient care. Our generation is experiencing the pain of transition, and a healing consensus on issues of allocation of health care resources may take years to develop. Some feel that our society does not have that much time. Therefore, realistic public debates and responsible media events by qualified professionals need to be promoted now in attractive forums such as television, radio, local community meetings, and the like. Legislators must be assisted in developing policies which promote ethical allocation of financial resources for the payment of health care. Discussion of these issues should begin as part of the early education of our children. Undergraduate courses in medical ethics should be required for all health care personnel.

Physicians and other health care providers need to be informed of the financial costs and non-tangible burdens (i.e. physical, emotional, social, etc.) which occur as the result of their therapeutic philosophy of patient care. After these considerations are made and intensive care therapies are selected, ICU personnel and management must be trained to serve as educators on the realistic use of advanced technological services, including when it is ethically correct not to utilize this technology.

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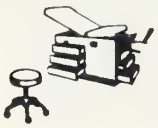

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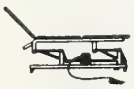

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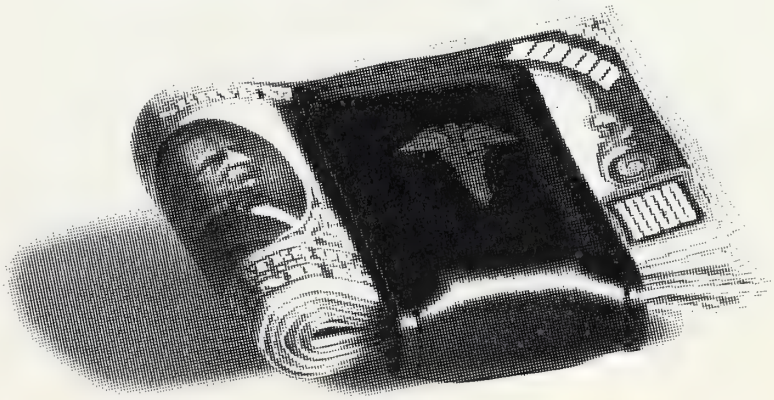

MEDICAL STUDENTS

INSIDER

MEDICAL STUDENT SECTION HOLDS ANNUAL MEETING

More than 50 students attended the Pennsylvania Medical Society Medical Student Section (PMS/MSS) annual meeting in Hershey, October 18. The focus was on changes in medical education and practice.

In his review of the year's activities, Robert Gainor, chairman, said that the MSS is stronger every year. More students attended meetings than ever before. Pennsylvania medical students have served on committees at AMA meetings, offering testimony to reference committees in Hawaii and Chicago. The section is working on a computer network to serve medical students in the state as well as a government internship for academic credit to second, third, or fourth year students.

John Whyte, secretary/treasurer of the Governing Council, discussed the economic realities of the health care system. He said health care takes up a significant percentage of personal and government spending, surpassing education, defense, and recreation. In 1987, health care expenditures totalled almost $500 billion, mostly paid by third party payors. Since patients are insulated from high charges, they have very little incentive to be cost-conscious.

The government, however, is seeking much more influence in controlling costs. During the current budget crisis, legislators must decide the nation's priorities. If we spend more on health care, we must give up something in other areas such as education, defense, or shelters for the homeless. Resources are limited; we must decide whether we spend too much or too little on health care.

John Whyte expects the government to continue to pay more since the aging population, which is primarily covered by Medicare, is increasing at a dramatic rate. In 1988, the 60 and over age group represented 15 percent of the population; by the year 2025, they will represent 25 percent. Using graphs, Mr. Whyte showed the dramatic relationship between utilization of health care services and increasing age. For example, children under 17 see physicians about 3 times a year, while those age 75 and over see physicians an average of 11 times per year. The shift in the numbers of elderly not only will increase costs, but also will increase demand for physicians who treat older patients such as internists, radiologists, and neurologists.

According to Mr. Whyte, other changes included a 115 percent increase in the number of foreign medical graduates since 1970; a dramatic increase in the number of physicians under the age of 45, now comprising 54 percent of the total number of physicians, and a 150 percent projection in the number of female physicians from now until the year 2000. Mr. Whyte presented a video of the AMA's Health Access America plan. This plan, discussed in detail in previous issues of PENNSYLVANIA MEDICINE, is an attempt to provide health care access for the 35 million uninsured people in this country.

Resolutions and committees

A discussion of the goals of the standing committees was led by Asha Manoharan. The MSS has five standing committees whose purpose is to help program and coordinate activities in which medical students have an interest. The committees are listed in this section. Interested students may contact local chapter presidents for more information.

Using slide and video presentations, Medical Student Section Vice Chairman John Whyte explains economic trends in the U.S. health care system.

Of 11 resolutions discussed, three were referred to the House of Delegates for debate. A resolution introduced by Asha Manoharan dealt with the distribution of clozapine, a new medication shown to be effective in the treatment of refractory schizophrenia, but with the complication of a 2 percent incidence of agranulocytosis. In reaction to this potentially life-threatening side-effect, the manufacturer has mandated that patients receive a blood test to monitor white counts at a laboratory which it has approved. This stipulation increases costs for the drug and impedes distribution by circumscribing physician autonomy. The resolution, passed overwhelmingly, asked the State Society to work to restore physicians' discretion in the distribution of Clozaril.

Also approved was a resolution authored by John Whyte asking for a study on augmenting the student loan program administered by the PMS Educational and Scientific Trust. The average debt for a 1989 medical school graduate (excluding any undergraduate loans) is $48,064; many students attending private medical schools graduate with debts exceeding $75,000. The Educational and Scientific Trust currently makes loans totalling $500,000 a year, but less than 200 students a year can be accommodated by the Trust.

Referred to the Board of Trustees for study was a resolution by Steven Nemerson addressing insurance for medical students. It would require the State Society to base support for medical schools upon several criteria: offering of at least two group health insurance policy options; provision of all other health care services at no cost to the student up to $500; and coverage of any costs for an illness resulting directly from students' academic studies or clinical work. This resolution faced serious opposition from the Medical School Section, which cited the burdensome costs of such coverage. If you have any thoughts or suggestions, contact Steven Nemerson at PennState's School of Medicine, Hershey.

Other projects

The evening session of the meeting involved a panel discussion entitled "How Students Can Become Involved in Community Projects." Tom McCarter, a third-year student at Hahnemann and Roberta Schneider, MD, were the keynote speakers. Mr. McCarter discussed design and development of the Adolescent Substance Abuse Program, copied at schools across the nation, which sends medical students into local grade schools to discuss drug and alcohol abuse. The medical students use visual aids such as livers and lungs borrowed from the anatomy department to graphically illustrate the deleterious effects that substance abuse has on the body. Mr. McCarter revealed

startling statistics showing that by the third grade, a significant number of students have already experimented with or are using alcohol and cigarettes. This innovative program tries to reach kids before they are exposed to this use.

Dr. Schneider said she is very proud of the new program sponsored jointly by the American Bar Association and the American Medical Association, which has young physicians and attorneys visiting schools to discuss the dangers of alcohol and drug abuse. These young professionals can act as positive role models, demonstrating the success possible by avoiding the pressure to "do drugs."

New officers of the Governing Council are Chairman Asha Manoharan and Vice Chairman John Whyte.

STATE LEADERSHIP

1990-91 PMS-MSS Governing Council:

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Maria Simpra, secretary/treasurer
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Kellen Kovalovich
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Lisa Hynes
Medical College of Pennsylvania

Steven Nemerson**
Hershey Medical Center

John Whyte,* Vice-Chairman
Hahnemann University School of Medicine

Robert Gainor, Past Chairman
University of Pittsburgh School of Medicine

James Brian
University of Pennsylvania School of Medicine

Charlotte Ricotte
Hahnemann University School of Medicine

*also serves as Alternate Delegate of the Pennsylvania Delegation to the AMA
**also serves as student representative to the PMS Board of Trustees

STANDING COMMITTEES FOR 1991 IN PLACE

Following are the 1991 standing committees in the Medical Student Section and some of the issues they address.

Academics: promotes the evaluation and improvement of medical education. Topics for the year include AIDS education and drug abuse seminars.

Financial Aid: gathers information and promotes student awareness of loan sources. Topics for the year include compiling a manual on interpreting loan agreements and providing a comprehensive list of programs and sources of financial aid for medical students.

Legislative: provides access to information and legislative proceedings in the state and nation. Topics for the year include providing a quarterly update on issues germane to medical students, such as the tax deductibility of student loans.

Membership: helps recruit new members as well as provides information about PMS/MSS benefits. Topics for the year include publishing a manual on how to start a chapter, outlining the levels of organization within the AMA and PMS, and producing a video highlighting reasons for joining.

Student Well-Being: provides information on stress and substance abuse. Topics for the year include formation of peer support groups at medical schools and promoting more interschool activities.

For more information on any of these committees, contact local MSS chapter representatives.

NEW JOURNAL CREATED BY MEDICAL STUDENT

Albert Yan, a second-year medical student at the University of Pennsylvania, is coordinating the publication of a new journal, entitled *American Journal of Ethics and Medicine.* This journal aims to provide medical students and resident physicians nationwide with exposure to current ethical issues affecting medicine.

Each issue will focus on a single topic. The first issue, to appear late this year, will focus on drug legislation. Ethan Nadelmann of Princeton will offer a pro-legislation point of view while William Bennett of the Office of National Drug Control Policy will offer an opposing viewpoint.

In addition, interviews with the directors of drug treatment programs at several medical schools will be featured. Upcoming topics include the use of animals in research and informed consent issues related to AIDS. Albert is currently looking for people interested in producing the journal as well as those wishing to contribute articles for publication. Contact Albert Yan for more information.

Students from the University of Pittsburgh School of Medicine, here relaxing during a break in the Medical Student Section's annual meeting, boasted the highest number of convention attendees.

SPEAK OUT: WHY DID WE BECOME PHYSICIANS?

John J. Whyte

While eating lunch in the hospital cafeteria the other day, I overheard some people passing around the common complaint about a long waiting room delay followed by a very brief physician's visit. From their conversation, I glimpsed how difficult it must be to practice as a physician nowadays. The climate surrounding practice is increasingly hostile, perhaps unjustifiably so.

One thing which infuriates the public more than anything else concerning health care is the topic of physician income. Yet physician income statistics are the most abused and misinterpreted statistics in print. To set the record straight: the mean net income of practicing physicians rose from $60,400 in 1977 to $132,000 in 1987. Adjusting for inflation, physicians' net income rose at an annual rate of only 1.5 percent during this time.

Because of the wide disparity in incomes among specialties, it may be more reflective to discuss median income. Median net income rose from $55,000 in 1977 to $108,000 in 1987. Adjusting for inflation, median net income rose at an annual rate of only *0.5 percent per year.* Is that rate unreasonable?

While some physicians, notably surgeons, make significantly more than that amount, the majority of physicians make less than that amount. Pediatricians are lucky to make $80,000 per year. That still may seem high to some people, until they consider the hours these physicians put in: divide their annual net income by the number of hours worked, and most people would agree that physicians are not overpaid.

By the way, why does no one criticize the exhorbitant salaries professional athletes and entertainers make? A baseball player can pull in milions a year and no one bats an eyelash. Yet the same people scream "foul!" if a physician makes $150,000 a year. Is entertainment more important than health?

Contrary to some assertions, physicians are not a group of money-grubbing scoundrels out to protect selfish economic interests. The overwhelming majority of physicians are intelligent, caring, sensitive men and women. As a medical student, I am insulted by the implication that members of the profession to which I will devote my life are more interested in personal financial health than in their patients' health.

The public may not realize that the road to medical licensure involves a great deal of sacrifice. Medical students must often listen to friends from college discussing their travels and good times; but medical training just doesn't allow time for such things, not to mention the fact that most of us are tens of thousands of dollars in debt and will be for some time. People complain about having to get up early for work or an early morning class, but could they imagine being on call for more than 36 hours at a time, every third night, *for a year*—with the prospect of eventually working 80 hours a week? The days of golf and six-figure incomes are a long, long way off—if they ever come.

"Delayed gratification" is the buzz word in medical students' vocabulary. Why do we continue on? Some people say for the money. Yet medical students tend to be well-educated, competitive types who could no doubt succeed in business or other well-paying careers at far less personal and financial cost. My classmates say they decided to enter medical school because they wanted to make a difference in peoples' lives; they rarely mention prestige and money. Medical students are involved in activities such as prevention of drug and alcohol abuse, easing access to health care, and the cost of new medications.

To presume that our goals and ideologies will change as we get older is a disservice not only to medical students, but to practicing physicians as well. At the recent State Society annual meeting, many physicians spoke of their support for various resolutions in terms of "if it's good for the patient I'm all for it." There are easier paths to prestige and money than medical school.

Perhaps if people better understood physicians, they would be less critical and skeptical of the medical community's motives and goals. There is no other profession like medicine; some refer to it as a vocation. If a lawyer makes a mistake, he or she can always appeal or file a continuance. A businessman can make up for a bad year in the next year. A physician's mistakes, however, can be tragic. There is no appeal; there is no next year. The stresses and pressures are correspondingly great. Medicine has one of the highest suicide and substance abuse rates of any profession.

Despite the climate surrounding medicine today, I'm still proud to be entering the profession. It's time physicians and physicians-in-training stand up and say enough is enough with continual diatribes against the medical community. We can't assume the criticisms will go away if we ignore them. We need to tell the public clearly why we want to become/became physicians. Humility, at the present time, may not be the most appropriate move.

John Whyte is vice chairman of the Medical Student Section and editor of Medical Student Insider.

My Obsession With Solving Substance Abuse

Tom McCarter

When people ask, as they often do, how I became interested in the topic of substance abuse, I don't have a simple answer for them. I did not wake up one day and decide to adopt this quest. Rather, a series of events over the past 15 years created and reinforced my obsession with understanding drug and alcohol abuse.

Growing up as the son of a bar/restaurant owner in the Philadelphia suburbs, I was exposed to alcohol and tobacco at an early age. My father used to close the bar at two or three o'clock in the morning, and come home and wake me. My strongest memory of these early morning visits, often the only times I would see my father during the week, is of a foul odor pervading his clothes—a mixture of stale beer and wet ashtrays. On weekends, I helped clean the bar and inventory the stock of "Ten High" and "Old Grandad."

My memories are not all fond ones. I remember the scars and lawsuits he incurred from refusing admission and service to those who on arrival had already clearly "had enough." These "flagged" patrons often became violent, breaking bottles on the bar and threatening my father unless they were served. I soon learned that denying an addict a drug like alcohol can turn even docile persons into hostile animals.

My next major exposure to drugs came during grade school, where, although not to the same degree as today, drugs and alcohol were prevalent. By sixth grade I was well-versed in "social drugs." The post-sixties marijuana craze was still smoldering and pot was ever-present at parties and school trips. I was amazed to witness normally quiet classmates administering milligrams of LSD, cocaine, or psilocybin into their veins. These macabre scenes led me to begin researching the effects of these widely available and heavily abused drugs. I was surprised to discover that despite centuries of use, the secrets of these toxins had eluded the medical and scientific communities.

College led me to UNC at Chapel Hill, where I was introduced to the works of Ken Kesey and Hunter Thompson, writers who not only participated in the hallucinogenic craze but described their experiences in extraordinary detail. I soon became known as someone who would confidentially discuss drug risks and effects. (After all, I had watched many peers matriculate from high school into detox centers.) I received many late-night calls from fraternity brothers or roommates of someone who had taken acid or mushrooms and needed to be "talked down."

Roberta Schneider, MD, left, takes notes while Tom McCarter speaks about the design and development of the Hahnemann Adolescent Substance Abuse Program.

The most graphic example of the effects of drug abuse which I experienced occurred during my senior year. I was sitting in art class reading the daily student newspaper; the front page story reported that a senior had jumped from an eighth story window. I didn't think much of it until I went home, where I found a message on my answering machine from his roommate. That nameless student was a friend of mine, someone quite like me. He was majoring in chemistry; we had applied to many medical schools together and he had accepted a full scholarship to Bowman Gray School of Medicine. He was a brilliant person, a gifted student, and most importantly a great friend. For some unfortunate reason, he decided to celebrate his success with some "magic mushrooms." Hours later he was found dead under an eighth floor window. This tragic event galvanized in me and many of my friends the determination that too many people had died and we must educate our peers about drug abuse. Too many people think that "social" drugs are safe; my goal became to prevent the tragic consequences of this mistaken idea.

When I entered medical school, one of the first persons I met was Roger Spingarn, who convinced me to participate in a project sponsored by the American Medical Student Association (AMSA). AMSA provides funding for programs which train medical students to teach a substance abuse prevention course in public schools. The challenge was an interesting one. In elementary school, I was taught nothing about drug abuse; in high school, three days of misinformation; in college nothing; and even in medical school very little. Maybe if kids knew the dangers of drug abuse early on, they could resist peer pressure later.

Along with Vince Zarro, MD, PhD, I developed a curriculum for this program. Initially, a group of 35 volunteers visted one classroom five times over the school year and made presentations involving a definition of drugs, an explanation of why some drugs are illegal, peer pressure resistance skills, problem solving skills, steroids, etc. Staying in school was also stressed. We discussed goals and how students could achieve them, making clear that dropping out or getting hooked on drugs would prevent them from achieving these goals. We discussed why we had stayed in school and avoided drugs, hoping to serve as role models.

Since that first meeting with Roger Spingarn two years ago, I am pleased to report that the program has grown phenomenally. Last year, 120 Hahnemann students visited 54 classrooms, reaching over 1,300 students. We don't expect to change the world, but hope to make a difference in some lives. For me, there is no greater success.

The author is a third year medical student at Hahnemann University School of Medicine and serves as director of the Adolescent Substance Abuse Program (ASAP).

IN MY OPINION

BODY IMAGE AND ITS MODIFICATION

Fred B. Rogers, MD

Body image and its modification, a person's perception of his or her appearance and the possibility of altering it, have long intrigued philosophers and physicians. The relationship of the outer space of bodies to the inner one of minds has for decades posed a 'mind-body problem,' and fueled countless philosophical discussions on whether these are separate or fused.

Early in this century, English psychiatrist Henry Maudsley wrote: "It is not possible in biology to set up a partition between mind and body. Mind does not merely affect the body, it permeates its constitution. . .On the other hand, there is not a function of any organ of the body which does not enter into the constitution of the mind."[1]

Soon thereafter, Austrian psychoanalyst Sigmund Freud, discussing ego-self boundaries, noted more precisely that: "The ego is first and foremost a bodily ego; it is not merely a surface entity, but is itself the projection of a surface. If we wish to find an anatomical analogy for it we can best identify it with the cortical homunculus of the anatomists, which stands on its head in the cortex, sticks up its heels, faces backwards and, as we know, has its speech area on the left-hand side."[2]

It is now generally agreed that psyche and soma are fully integrated in their function and in concert subject to modification.

Through the years human body image has interested artists as well as scientists. Leonardo da Vinci, one of the greatest draftsmen who ever lived, was concerned with bodily proportion, symmetry, and motion. He recorded in his notebooks numerous studies of body appearance at various ages of life. Other outstanding artists who have explored this realm include William Blake, William Rimmer, and Pablo Picasso. "Girl Before a Mirror," a painting by Picasso (1932), for example, depicts how a young woman visualizes her body. In the scientific arena, neurologist Paul Schilder's book, "The Image and Appearance of the Human Body," provides an analytic study of bodily conception.[3]

Attempts have been made since antiquity to classify body types. The first workable system, called somatotyping, was developed 50 years ago by American physician William H. Sheldon.[4] His approach was to identify body types by tendency toward three basic variables: endomorphy, mesomorphy, and ectomorphy. Endomorphy denotes an inclination toward soft, well-rounded bodies; mesomorphy is a tendency toward well-built muscular bodies; and ectomorphy indicates lean, angular bodies. Everyone is a mixture of these three categories and the mix results in a classification of body type on a scale of one to seven for each category. Body type appears to be decided at birth and does not change much throughout life. We cannot alter the basic framework, but can somewhat control overall appearance to make the most of endowment.[5]

Modification of body image perception has been affected by psychotherapy and visualization techniques. These modalities have proved useful in weight control as well as in treating anorexia and bulimia nervosa. In their handsomely illustrated book, "Seeing With the Mind's Eye," Dr. and Mrs. Mike Samuels observed, "Many people really do not have a clear image of what they look like. . .The attitude of observing objects and other people is much closer to ordinary consciousness than is the attitude of observing oneself. . .When people visualize themselves, in a sense they step outside of themselves. In other words, they have to separate their consciousness from their body. Many people find this disturbing the first time they try it. Often they find the process easier if they visualize themselves in a real or imaginary situation with people and objects around."[6]

Regarding visualization technique, Dr. and Mrs. Samuels continue: "Because of visualization's powerful effect on the

Dr. Rogers is professor of family practice and community health at Temple University School of Medicine, Philadelphia.

body it has been used in a number of fields related to body image. One of these fields is weight control. When a person visualizes himself as thin, and visualizes himself as eating less, he automatically begins to begins to lose weight. A. T. W. Simeons, MD, an Italian physician specializing in weight control, uses visualization as part of his treatment program. . .This type of visualization exercise has also been used successfully by psychologists and hypnotherapists for other types of habitual actions such as smoking.[7]

Phantom limbs, bearing sensations after amputation, have also evoked baffling mind-body questions. A limb, though removed, stays in the mind. While a person who loses a body part tends to deny its existence, the mind may continue to possess the lost limb as a phantom limb, either painless or painful. Psychophysiology and treatment of such paresthesias are perplexing. This complex topic was well aired in Gustav Eckstein's popular book, "The Body Has A Head."[8] The phantom and the limb, he wrote, juxtapose mind and body.

Right and left brain functions also have specific effects on body image. The location of speech expression in the left half and spatial recognition in the right was noted by English neurologist J. Mughlings Jackson over a century ago.[9] It is apparent that people who have 'different' cerebral asymmetries—left handers—have 'different' bodies. Surprising variations of morphology and performance have demonstrated both the advantages and disadvantages of being a 'lefty'. The late Norman Geschwind, MD, Harvard University, was an expert on switched cerebral asymmetry, a subject also discussed by Richard Bergland, MD, former chief of neurosurgery at PennState College of Medicine, in his book, "The Fabric of Mind."[10] The brain, he said, is a chemical factory as well as an electrical battery.

What a person sees in the mirror affects perception of self. The reality of body image makes the mind aware of individual body parts and the interrelatedness of their physical structure. Most people have no difficulty telescoping mind into body. In depersonalization such as occassionally exists in schizophrenia, the person loses a sense of personal identity or personal ownership of parts of the body, and experiences feelings of unreality and estrangement from self, body, or surroundings.[11]

The human mind is the body's master; everyone lives constantly with his mind and sense machinery. Distorted body image accordingly poses perplexing mind-body questions and modification difficulties. Over a century ago, Ralph Waldo Emerson concluded, "The human body is the magazine of inventions, the patent office, where are the models from which every hint is taken. All tools and engines on earth are only extensions of its limbs and senses."[12]

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1990–1991 Continuing Education Programs

Advanced Trauma Life Support Provider Course (ATLS)
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Robert A. Bonner, *Williamsport*
Georgetown University School of Medicine, 1952; age 71, died September 12, 1990. Dr. Bonner was an otolaryngologist. •

Robert S. Bookhammer, *Rosemont*
Jefferson Medical College, 1928; age 87, died October 13, 1990. Dr. Bookhammer was a psychiatrist. •

Richard M. Fleming, *Pittsburgh*
University of Colorado School of Medicine, 1951; age 70, died October 14, 1990. Dr. Fleming was a psychoanalyst. •

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Georgetown University School of Medicine, 1941; age 75, died September 25, 1990. Dr. Hennigan specialized in geriatrics. •

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J. Frank Reddington, *Scranton*
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REDUCING ESTATE TAXES: CHECK DETAILS

The Health Care Group

Many people have difficulty facing the necessity of estate planning. They find it distasteful to contemplate their own mortality. Yet, failure to deal with its financial consequences can result in grief for a family and loss of funds to the government or to the wrong beneficiaries. Moreover, effective, comprehensive estate planning—which involves far more than simply writing a will and naming executors and trustees—can actually benefit *you* as well as the inheritors of your estate. But be aware, the job of estate planning, once started, must be followed through to completion.

Reducing taxes

Ben Franklin once observed that there is nothing certain in life but death and taxes. One goal of estate planning is to separate the two and make the penalties of the latter less severe. And there is a wealth of opportunities available in estate planning to save taxes—not only estate (and gift) taxes, but also income taxes. Saving income taxes may not seem to be estate planning, per se, but if you are trying to pass the most wealth you can to your beneficiaries, minimizing lifetime taxes is essential. For example:

Establishing trusts for beneficiaries in lower income tax brackets. Although Congress has made these arrangements less appealing, savings are still possible by establishing trusts for beneficiaries in lower tax brackets. There are immediate tax gains on the trust's income due to the beneficiaries' lower tax rates. This income shifting also saves on estate taxes because income diverted to others before your death doesn't end up taxed in your estate.

Current charitable giving. Many people make substantial charitable gifts in their wills. However, a lifetime charitable gift generates an income tax deduction for the amount of the gift, while a charitable bequest does not. So, by making a charitable gift while you are still around to enjoy the satisfaction, you reduce your estate taxes and your income taxes as well.

One possibility: if you don't have a buyer for your medical practice, consider giving it to the hospital where you practice. This can be complicated, but the tax savings can be well worth the effort.

In addition to income tax savings, careful estate planning can also work to reduce the federal government's bite when it comes to estate taxes. A cornerstone of most tax-saving strategies is the basic allowance: the first $600,000 of an estate is not subject to federal estate taxes. Building on that cornerstone, here are several ways that tax savings can be achieved through estate planning:

Marital deductions and by-pass trusts: The "unlimited marital deduction" made it possible to leave an estate much larger than $600,000 and pay no federal estate taxes. For each asset that passes to your surviving spouse, your taxable estate is reduced accordingly. This unlimited marital deduction initially led many to believe there was no further need for sophisticated estate planning, but that has proved untrue. Recognize that the unlimited marital deduction results only in deferral, not elimination of taxes. And, the deferral will cause higher taxes to be paid in the future, unless further planning is done.

Consider a physician with an estate of $1,200,000, whose spouse has no assets. If the entire estate is left to the surviving spouse, the unlimited marital deduction will eliminate any federal estate tax payable on the death of the physician. When the spouse dies, however, the estate will face a federal tax of $235,000 on the original estate. But, if the doctor creates a $600,000 "by-pass" trust for the spouse and conveys the other $600,000 under the marital deduction, there will be no tax due. If it is properly drafted, the "by-pass trust" escapes taxation in both estates and the $600,000 initially transferred under the marital deduction is covered by the basic allowance men-

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tioned above.

Gift giving: A "gift tax exclusion" allows annual gifts of $10,000 per person per year. These are non-charitable gifts and may be given to any person inside or outside a family. These do not count against the $600,000 allowance. Spouses can also give away $10,000 and if a spouse consents but doesn't have the funds, you can give away $20,000 per person.

This "gift tax exclusion" applies only to gifts of present interest. Gifts in trust may not qualify, depending on the terms of the trust. If annual gifts are of property that might appreciate or produce income, or both, the potential appreciation and income (and taxes) from an estate are eliminated.

Medical and tuition expenses: You are allowed to pay anyone's tuition and medical expenses without incurring gift or estate taxes, provided the payments are made directly to the school or health care provider. These amounts are unlimited.

Covering estate taxes: Physicians who have acquired enough assets to have substantial federal estate taxes (i.e., taxable estates in excess of $1,200,000), may seek ways of providing funds at the second death to pay estate taxes. There are newly developed insurance policies designed to provide for this contingency. Known as "second to die" or "joint and survivor policies," these pay out upon the death of the surviving spouse, and when put in an Irrevocable Life Insurance Trust (ILIT), provide tax-free funds to cover the tax burden on the main portion of an estate.

This is done by completely transferring the insurance policy to a trustee or trustees. You continue to pay the premiums but relinquish control over the policy; and once the trust is set up, you cannot change its terms, nor the beneficiary, nor borrow against the policy.

Establishing an Irrevocable Life Insurance Trust is an involved endeavor with complicated requirements such as giving up rights in the life insurance policies. You will need a good lawyer to set up and help administer the trust. In addition, to completely remove the insurance proceeds from an estate, all the "incidents of ownership" must be eliminated or the whole effort will collapse into a big tax bill.

Check the details

Everyone has heard the old adage, "don't lose the forest for the trees," meaning don't be so obsessed with detail as to lose sight of your goals. However, in estate planning the converse is just as important. You can pay lawyers and other advisors a great deal of money for complicated estate plans designed to save you considerable estate, gift, and income taxes. But all the fancy planning in the world will make no difference if you don't follow through and pay attention to the small details.

For example, in setting up a trust for beneficiaries, the mere preparation of the trust document and signing it are not enough. The trust must be funded. You'll need to actually transfer title to assets. But be careful. Some assets are better than others to transfer. If you transfer appreciated property into trust with the expectation that it will be sold shortly, you might end up paying a capital gains tax when the trust (not you!) sells the asset.

Also, no trust is worth a plugged nickel if appropriate records and tax returns are not kept correctly. It is too common that a physician spends money to set up a trust to save income taxes, but then will not spend the money to make sure the trust's tax returns are filed correctly—and the taxation of trusts is very different, indeed, from taxes on individuals.

Or, if you give your practice to charity, it's not the same as writing a check and then noting it on your 1040. Formal appraisals have to be obtained and must meet rather complicated requirements. Check the details.

Details are also important in saving estate taxes. As mentioned above, you are entitled to give away $600,000 free of federal estate or gift tax; and you can, under your will, also set up a $600,000 by-pass trust—effectively protecting $1,200,000 from estate taxes. However, by-pass trusts generally work for assets held in your sole name, while most couples hold the vast majority of their assets in joint name. Jointly held assets pass, on death of one of the joint tenants, to the survivor. Such assets do not pass under a will and cannot be directed into the by-pass trust. So, if your will has a complicated by-pass trust arrangement but all your assets are in joint names, you will not save estate taxes and will have wasted your time.

To make such a trust arrangement work, title to assets must actually be transferred. Brokers must be notified in the case of stocks. Deeds must be prepared and recorded in the case of real estate. But be aware you can carry a good thing too far. It is not appropriate to put a house which is presently held in joint names into the sole name of one spouse. If title is in one name, the residence has to go through probate and could conceivably end up in trust, subject to many limitations. A jointly owned marital residence simply does not belong in trust regardless of any negative effect on your tax planning.

Many physicians look to other assets to fund their by-pass trust, such as life insurance or retirement plan proceeds. However, follow-through is critical. Many times trust documents are prepared that would accept life insurance proceeds, yet the life insurance policies themselves are payable to a surviving spouse, not to the trust. Too often people fail to follow through and make sure that beneficiary designations are changed at the time they sign their wills and trusts. Indeed, many people never even think to raise the question as to who the beneficiary of their life insurance proceeds (or retirement plan proceeds) should be.

Similarly, as noted above, a properly drafted irrevocable life insurance trust removes life insurance proceeds from your federal taxable estate. In order to do that, though, the trust created must "own" the life insurance policy, either by transfer or by initial purchase. If the trust acquires the policy by transfer, you have to make sure that the transfer actually takes place. That means contacting your life insurance company and getting not only a change of beneficiary designation but also a change of ownership form, completing those two items and sending them back. Too many times estate plans are taken to this length and then not completed. The results can be disastrous.

Finally, it is obvious, though too often overlooked, that financial and estate plans and documents must be completed and signed to take effect. Too often, busy physicians will instruct attorneys and advisors to develop sophisticated plans, then allow the final documents to languish, unreviewed and unsigned. The financial consequences of such laxity could be substantial.

Estate planning, while perhaps not a pleasant undertaking, is important to make sure those you love receive what you have worked hard to create. By taking advantage of the many tax-saving opportunities, a carefully prepared plan can minimize the bite that the government and others take from your estate. But recognize that the specific details of document preparation are important, and complete follow-through is critical. Without it, the best-drafted documents achieve nothing.

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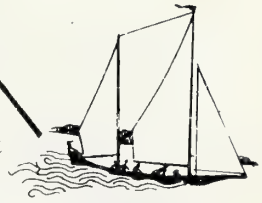

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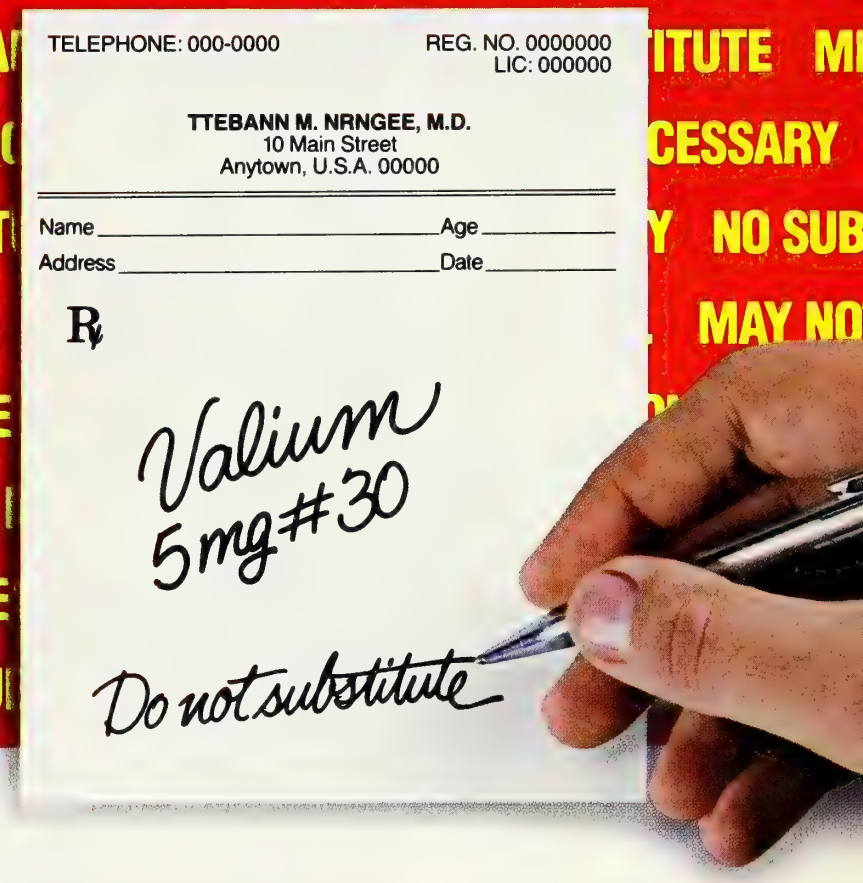

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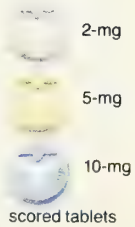

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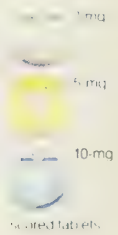

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